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Primary intraosseous squamous cell carcinoma

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Aim: The aim of this work is to report a rare case of Primary intraosseous squamous cell carcinoma, that is a cyst-like lesion in the mandible rarely developing into malignancies, with a reported incidence between 0.3 and 2%. The case here described is a rare case of primary intraosseous squamous cell carcinoma of the mandible arising from an odontogenic cyst.

Methods: A 80-year-old male with history of diabetes type II, chronic renal insufficiency and cardiac issues, was referred to Trieste University Maggiore Hospital (Trieste, Italy), with acute pain in the left retromolar area. At the first visit a Warthin's tumor affecting the left parotid gland was also reported. An initial examination revealed extraoral swelling without paresthesia of the omolateral NAI. Following intraoral examination, the oral mucosa was edematous, pain on percussion was experienced on the lower left second molar. Panoramic radiography revealed a retained lower left third molar and an irregular radiolucent area between it and the lower left second molar and a mandibular angle with mostly clear margins. In addition computer tomography revealed diffuse bone resorption and an extensive loss of cortical bone on the lingual side. During the surgery aimed to remove the second and third lower left molars, a biopsy was performed and the pathological diagnosis was of a squamous cell carcinoma arising from the epithelial lining of the odontogenic cyst. Computed tomography with contrast agent was performed showing a primitive neof ormation located into the

horizontal branch of the left mandible eroding both the cortical and lingual walls and extending from the lower left retromolar region towards the omolateral lower cuspid, infiltrating the buccinator and medial pterygoid muscles. The patient was proposed a segmented mandibulectomy with laterocervical radical neck dissection associated with plastic reconstruction using the fibula and radial flap. During the surgical procedure it was assessed that it was not possible to use the fibula flap.

Results: The histopathological analysis showed a primary squamous cell carcinoma staged as follows: pG2. C2. T4a. N1.

Conclusions: Primary Intraosseous squamous cell carcinoma has a predilection for adult men, occurs most frequently in the mandible and is associated mainly with an odontogenic cyst. Surgery alone or combined surgery and radiation therapy are the most common approaches. Following enucleation of a cystic jaw lesion, the entire surgical specimen should always be examined histopathologically.

Transposition of the inferior alveolar nerve: obsolete technique or alternative therapeutic strategy?

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Aim: When an implant-prosthetic rehabilitation of the posterior mandibular bone appears necessary, the biggest challenges are in height and thickness of the bone tissue above the inferior alveolar nerve (IAN). The challenge is heightened even more when the patient presents a certain degree of alveolar crest atrophy. In some cases, when there are no teeth in