

## A22 THE PATHOLOGY OF SOME RECENT JAW RESECTIONS IN SRI LANKA

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A total of 33 jaw resection specimens received between June 1981 and June 1986 at the Department of Oral Pathology, Dental School were studied. The histopathological diagnoses are as follows: 17 cases of Squamous Cell Carcinoma, 10 cases of Odontogenic Tumours, 4 cases of Sarcoma involving the jaws and one case each of Neurilemmoma and Cherubism (Familial Multilocular Cystic Disease). The commonest disease for which resections are done in Sri Lanka is Squamous Cell Carcinoma. The average age of the patient been 59.5 years. Males are more commonly affected than females (male:female = 2:1). The distribution of the 33 cases according to the quadrant involved is left mandible 10, right mandible 11, left maxilla 5 and right maxilla 5. One patient had both hemimaxillectomy and hemimandibulectomy carried out for carcinoma and another patient had the entire mandible removed. Of the odontogenic tumours the ameloblastoma is the commonest jaw tumour. Two specimens each of the left mandible and the right mandible had been received. There was one recurrent lesion. The excision of the jaw on the average was done two months after the biopsy. Odontogenic Myxoma is the next common odontogenic tumour. According to the distribution there were three cases found ranging in duration from 1 month to 1 year since the lesion presented clinically. All the myxoma patients were below thirty years of age. Two males and a female patient were studied. The odontogenic myxoma recurred in two patients within two months of the first operation. Sarcoma of the jaws is the next common jaw tumour. Two cases of the right maxilla and a case each of right mandible and left mandible were found. Biopsy was done three months after the lesion first presented. The jaw sarcomas were very rapidly progressing and jaw excision was done 3 months after the biopsy.

These specimens have been mounted on clear perspex jars for developing an Oral Pathology Museum. Methods are being developed to mount radiographs, histopathology photomicrographs or clinical pictures where appropriate on the rear surface of the specimen. Numbering of these specimens has been done according to the International Classification of Diseases<sup>1</sup>. This would facilitate the collection of epidemiological data and comparison of the prevalence of the oral disease on an international level.

### *Reference*

1. Application of the International Classification of Diseases to Dentistry and Stomatology ICD-DA 2nd ed. World Health Organization, Geneva, 1978.