Odontogenic jaw tumors

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No discussion of off label use and/or investigational use will be made in this presentation.
“The time is always right to do what is right”

M.L.K. JR.
Most common (Hispanic) oral health concerns

- Dental caries
- Periodontal disease (its relation to diabetes mellitus)
- Oral and oropharyngeal cancer
- Facial/Oral Trauma
- Facial/Oral pain
- D/MIONJ
Dental caries & periodontal disease
Oral and oropharyngeal cancer

51,000 yearly diagnoses, 1000 deaths (3%, 1.7%)
2.5X for men, 3X for men
AFA > WHT > HISP > NAT/AS
Tobacco, EtOH, HPV, Sun
Prevention
Early diagnosis and treatment reduce mortality and morbidity
Oral and facial injuries
Oral and facial pain

- Pain is an universal human experience
- Ethnic differences: Processing, coping strategies and cultural factors
- Diff diagnosis: 80% dental/oral, TMD’s, neuralgias, neuropathies, sinus, headaches, other...
Oral health care providers role
Drug or medication induced osteonecrosis of the jaws

Criteria

- Current or previous treatment with anti-resorptive or anti-angiogenic drugs
- Persistent exposed jaw bone (or associated to fistulae)
- No Hx. of radiation or metastatic malignancy to area affected

Stages

- 0: Symptoms, no physical evidence, +radiographical signs
- 1: Asymptomatic, exposed necrotic bone in alveolar processes
- 2: Symptomatic, exposed necrotic bone, +radiographical signs
- 3: Symptomatic, exposed necrotic bone beyond alveolar processes, orocutaneous fistulae, pathologic fractures/oroantral communications
DIONJ/MIONJ Treatment

- Stage 0: Systemic and/or topical antimicrobials (rinses)
- Stage 1: Pain Rx., topical antimicrobials (rinses), follow up Q3mo.
- Stage 2: Pain Rx., systemic and/or topical antimicrobials (rinses), serial debridements, follow up monthly
- Stage 3: As for Stage 2, aggressive debridements, resections/reconstructions, frequent follow up (prn)
Odontogenic Tumors/Neoplasms

- Diverse group of lesions, from hamartomous to malignant
- 2% of neoplasms of mouth (1% malignant)
- Arise from primordial tissues of teeth; from interaction of ectomesenchyme and epithelium
- Unique to the bone and oral mucosa of jaws

Diagnostic work up:

a. Hx. and Clinical Evaluation
b. Imaging studies
c. Biopsy
d. Treatment Plan:
   - Choice should be the applicable simplest, least morbid alternative. Consider soft and hard tissues
Odontogenic Tumors
2017 WHO Classification

- **Benign:**
  - Ameloblastoma
    - Unicystic, peripheral, metastasizing
  - Squamous Odont. Tumor (SAT)
  - Calcifying Epithelial Odont. Tumor (CEOT)
  - Adenomatoid Odont. Tumor (AOT)
  - Ameloblastic fibroma
  - Primary Odont. Tumor (Myxoma)
  - Odontomas (hamartomas, complex or compound)

- **Malignant:**
  - Ameloblastic CA
  - 1ry. Intraosseous CA
  - Odontogenic CA
    - Sclerosing, Clear Cell, Ghost Cell
  - Odontogenic Carcinosarcoma
  - Odontogenic Sarcoma
Odontogenic Tumors/Neoplasms
“Soap Bubble”: M.A.C.H.O.
Odontogenic Tumors/Neoplasms

Treatment Objectives:

a. Cure disease vs. Palliative  
b. Minimize disability  
c. Preserve/restore form and function

Treatment Choices:

a. Enucleation
b. Curettage

c. Resection(s) & reconstruction (1ry, 2ry)
Case 1

- 37 y/o man, ASA Cl. I, with left mandibular expansion

- Courtesy of:
  Lidia M. Guerrero DMD, FACS
  Soheil Vahdani DDS
  Univ. of Puerto Rico Oral and Maxillofacial Surgery Prog.
Surgical Pathology Report

35 y/o presents with expansile lesion of left mandible. Associated with teeth #19-21. Expansile, radiolucent. Close to jaw. N/G Mynoma

Ameloblastoma

A MANDIBLE, LEFT, BIOPSY:
- Consistent with peripheral ameloblastoma, present at margin.

Comment: Case seen in consult with Dr. Javier J. Rodriguez, MD and Dr. Artur Zembrzuski MD, PhD.

A MANDIBLE, LEFT, BIOPSY:
The specimen is labeled with the patient's name and "specimen quite monoblastic, a received is formalin and consists of multiple irregular fragments of bone brown histiocyte tissue, measuring 0.3 x 0.3 x 0.3 cm in aggregate. The specimen is singly mounted (SL 1)."
Case 2

28 y/o woman, ASA Cl.I, with “soap bubble” R/L in chin

Biopsy: Myxoma
Fibula osteocutaneous flap reconstruction
“Injustice anywhere is a threat to justice everywhere”

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Thank you

Inquiries

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