

3rd International Conference and Exhibition on Pathology

April 14-15, 2014 Hilton San Antonio Airport, TX, USA

Conservative treatment protocol for the management of keratocystic odontogenic tumours (KCOT)- A retrospective analysis of 20 years

Babu S. Parmar

Govt. Dental College & Hospital, India

Purpose: The aim of this study was to report my experience of treating 294 Keratocystic Odontogenic Tumours of the jaws with my conservative treatment protocol for KCOT.

Method and Materials: Data was collected of all KCOT patients treated in the Department of Maxillofacial Surgery, Government Dental College & Hospital from 1994 to 2013. Recurrence data was analysed in relation to age, sex, symptoms, site of involvement, radiographic features, associated impacted tooth, surgical treatment and type of histologic variant. All histological slides were re-evaluated, applying the criteria of the WHO, and were proven as Keratocystic Odontogenic Tumours.

Results: Two hundred and ninety-four KCOT in 265 patients were examined. KCOTs were more frequent in the second and third decades of life (Mean: 25.6 years) and in men (n=158). Most of the lesions were unilocular radiolucencies, occurring in the posterior part of the mandible and most commonly associated tooth was impacted third molars. Most of the patients were treated with enucleation with a serious attempt to remove the lesion in toto. Histologically, out of 294 lesions, 238 lesions showed parakeratosis. 17 were orthokeratinesd variant and 29 where the characteristic histopathological features of the epithelial lining were hardly recognizable due to presence of an inflammatory infiltrate were excluded. 23 lesions with recurrences (7.8%) in all of which 6 (2%) had multiple recurrence. All recurrences were also histopathologically re-evaluated. Recurrences were common in the first 5 years after the operation.

Conclusion: The study suggests that enucleation with adequate postoperative surveillance is optimal treatment which yields clinically acceptable results with low morbidity. However, standarised long term follow-up is considered to be key element for success.

Biography

Babu S. Parmar has completed his M.D.S. 1985 from Gujarat University. He has been the Professor and the Head of the Department of Oral & Maxillofacial Surgery, Govt. Dental College & Hospital, Ahmedabad since 13 years and teaching post-graduates for the past more than 20 years. He has more than 40 national/international publications to his name in reputed journals. He was the Ex- Member of the Dental Council of India. He was the President, Joint Secretary of IDA, Gujarat State. He has organised National and State AOMSI Conference as the Chairman. Presently, he is pursuing research studies on dental pulp stem/progenitor cells.

drbsparmar@yahoo.com