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Periodontal plastic surgery

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Periodontal plastic surgery is designed to restore the normal function and appearance of the gum, periodontal ligament and the bone that supports the teeth, increase their life expectancy and usefulness. By using this, we can remove the damaged tissue caused by the periodontal disease and reconstruct. It is considered as the terminal way to restore the normal function. We begin first with conservative treatment enhancing the oral hygiene and behavior and if sometimes conservative treatment is not enough, we do surgery. We detect the predisposing factor and precipitating factor to know what we can avoid and increase the awareness for early detection, seeking the medical advice and early management. Also, we detect different methods of management, time of recovery and post-operative advice. In brief, we talk about periodontal diseases detection, avoiding, predisposing and precipitating factors and management.

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The incidence of thyroid carcinoma in multinodular goiter: 5 year study in a tertiary academic centre in Nepal

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Background: Thyroid nodule is probably one of the commonest endocrine problems in the world. A nodule may be solitary thyroid nodule or dominant nodule of multinodular goiter. There has been controversy in the literature about the risk of thyroid cancer in patients with multinodular goiter. The objective of this study was to determine the incidence and type of thyroid carcinoma in multi-nodular goiter by doing the histopathological examination of thyroidectomy specimens.

Material & Methods: This is a prospective study, conducted in Department of ENT and Head and Neck Surgery, National Academy of Medical Sciences Bir Hospital Kathmandu, Nepal. The study period was 5 years from 11 January 2009 to 10 January 2014. The study population consisted of 221 patients who were diagnosed as a multinodular goiter and scheduled for surgery. Each case was studied by history taking, physical examination and relevant investigations. After surgeries the specimens were subjected to histopathological evaluation to determine the incidence and the type of various malignancies in multinodular goiter.

Result: The highest frequency was 104 cases (47.6%) in 31-40 years age groups. Among the total 221 cases, 76 (34.39%) were males and 155(70.14%) females. Histopathological analysis showed that benign multinodular goiter was present in 193 (87.33%) cases and malignant thyroid lesion in 28 (12.67%) cases. Among malignancies, papillary carcinoma was found as the commonest malignancy 22 (78.57%) cases followed by follicular carcinoma 04 (14.28%) case and anaplastic carcinoma 2(7.14%) cases.

Conclusion: The risk of malignancy in multinodular goiter should not be underestimated as significant numbers of patients (12.67%) with thyroid malignancies present with multinodular goiter.

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