

An Overview on Oral and Maxillofacial Pathology

Alan Taragin *

Department of Cytopathology, Royal Free Hospital, London, UK

*Corresponding author: Alan Taragin, Department of Cytopathology, Royal Free Hospital, London, UK, E-mail: Taragin@Alan.ta.uk

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Description

Oral and maxillofacial pathology refers to diseases of the mouth ("oral cavity" or "stoma"), jaws ("maxillae" or "gnath"), and related tissues such as salivary glands, temporo mandibular joints, face muscles, and perioral skin (the skin around the mouth). The mouth is an important organ that performs a range of functions. It's also prone to a variety of medical and dental issues.

The specialty of oral and maxillofacial pathology is concerned with the diagnosis and investigation of diseases affecting the oral and maxillofacial region, as well as their causes and effects. It is sometimes regarded a dental and pathological specialty. Instead, the term head and neck pathology is sometimes used, implying that the pathologist also deals with otorhinolaryngology (ear, nose, and throat) disorders in addition to maxillofacial illnesses. There is some overlap between head and neck pathologists' and endocrine pathologists' skills in this capacity.

Diagnosis

A full medical, dental, social, and psychological history, as well as an assessment of certain lifestyle risk factors that may be involved in disease processes, are essential components of any diagnosis. Following that, a complete clinical examination of extra-oral and intra-oral hard and soft tissues is performed. Although a diagnosis and treatment regimen can sometimes be determined just on history and examination, it is always a good idea to develop a list of differential diagnoses. Differential diagnosis enables decision-making about what additional investigations are required in each case. Screening tests, imaging (radiographs, CBCT, CT, MRI, ultrasound), and histology are among the various types of studies used to diagnose oral and maxillofacial illnesses.

Biopsy

When a patient's clinical presentation, historical medical history, or imaging examinations do not allow for a clear diagnosis, a biopsy is recommended. A biopsy is a surgical operation that includes removing a small sample of tissue from a living organism for microscopic inspection. Biopsies are usually performed under local anaesthetic. Some biopsies are done endoscopically, while others are done under image guidance in the radiology suite using ultrasonography, Computed Tomography (CT), or Magnetic Resonance Imaging (MRI). Oral and sinus mucosa, bone, soft tissue, skin, and lymph nodes are some of the most common tissues evaluated by biopsy.

Biopsies are commonly utilised to diagnose oral and maxillofacial pathology:

Excisional biopsy: A tiny lesion is removed completely. If the

lesions are 1 cm or smaller in diameter, clinically and ostensibly benign, and surgically accessible, this approach is preferable. Large lesions that are more widespread and distributed in character, or that appear to be clinically malignant, are difficult to completely remove.

Incisional biopsy: A little piece of tissue from an abnormal-looking region is taken for evaluation. When dealing with huge lesions, this approach comes in handy. The sample can be taken at your doctor's office if the aberrant area is easily accessible. The biopsy may need to be done in an operating room if the tumour is deeper inside the mouth or throat. To eliminate any pain, general anaesthetic is used.

Exfoliative cytology: To take a sample of cells for testing, a suspected spot is gently scraped. These cells are stained with dye and placed on a glass slide to be examined under a microscope. A deeper biopsy will be performed if any cells appear suspicious.

Diseases

Many different types of tissues in the head can be affected by oral and maxillofacial disease. Various disease processes affect distinct tissues in this region, resulting in a variety of results. The mouth, jaws, and orofacial skin are all affected by a variety of disorders. The pathologies that might affect the oral and maxillofacial region are listed below; some are more frequent than others.

Cleft lip and palate

Cleft lip and palate is one of the most prevalent multi-factorial congenital disorders, affecting 1 in 500-1000 live births and manifesting itself in a variety of ways. The most frequent type is combined cleft lip and palate, which accounts for around half of all occurrences, while isolated cleft lip affects about 20% of patients.

People who have a cleft lip or palate are less social and have decreased self-esteem, anxiety, and sadness as a result of their facial abnormality. One of the main goals of cleft treatment is to improve social acceptance through surgical reconstruction. A cleft lip is a separation of the upper lip caused by the failure of the medial nasal processes to fuse with the palatal processes; a cleft palate is a separation of the soft and hard palate caused by the failure of the palatal shelves to fuse together.

The fundamental purpose of the palate is to separate the nasal and oral cavities, without which the patient will have difficulty swallowing, eating, and speaking. As a result, the quality of life and, in some situations, some functions are affected. Food may enter the nasal cavity when swallowing since the soft palate is not there to shut the cavity throughout the procedure. The nasal cavity is a source of resonance during speaking, and failing to regulate spaces in the cavities will result in the inability to create particular consonants in audible language.