

Commentary Regarding the Publication “Jaw Cysts - Filling or no Filling after Enucleation? A Review” by Ettl T. et al.

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Abstract

The paper by Ettl et al. deals with one of the discussed topics in oral and maxillofacial surgery- filling or no filling after enucleation. Authors conclude, that simple cyst enucleation and blood clot healing show low complication rates and sufficient bone regeneration even in large defects. It's known, that guided bone regeneration is predictable, efficacious method for controlling the reparative ontogenesis and different types of bone grafts are increasingly investigated for defect filling. However, the great importance represents the choice of bone-grafting material for critical size postoperative bone defects filling.

Keywords: Cysts; Enucleation; Defects filling

Commentary

The paper by Ettl et al. deals with one of the discussed topics in oral and maxillofacial surgery. The cystic lesions are the major factor causing jaw destruction: they are quite common in the practice of oral and maxillofacial surgeons and the radicular cysts are the most common type of jaw cysts [1-3]. Enucleation has traditionally been the standard method of management of odontogenic jaw cysts. Bone defects with variable size arise after their enucleation; a treatment of the cysts aims at full recovery of the anatomy and function of the damaged region. The postoperative regeneration of bone defects of the jaw in most cases is complete with histologically mature functionally viable bone [1]. This is possible because of the great regenerative capacity of the defects themselves which usually are relatively small polygonal cavities replete with blood vessels. But there are several types of bone defects whose healing runs the wrong course in the separate phases of regeneration and results in the formation of cicatricial tissue [2,4,5]. These factors are known to reduce the regeneration capacity of the bone tissue. The large cystic defects always creates a huge dilemma whether to fill the defect with bone substitutes. Guided bone regeneration has established itself as a predictable, efficacious method for controlling the reparative

osteogenesis and in order to reduce infections and to accelerate bone regeneration, different types of bone grafts are increasingly investigated for defect filling [2,4,5]. However, clinical investigation has shown a low efficiency of some grafting materials, especially for large bone defects since they are not always completely replaced by bone, and are encapsulated by connective tissue with maintaining of chronic inflammation, enhance bone resorption or partially rejected [1]. In this regard, the great importance represents the choice of bone-grafting material for critical size postoperative bone defects filling.

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Received December 04, 2015; Accepted December 29, 2015; Published December 31, 2015

Citation: Poghosyan AY (2015) Commentary Regarding the Publication “Jaw Cysts - Filling or no Filling after Enucleation? A Review” by Ettl T. et al. J Orthop Oncol 1: 105. doi:10.4172/2472-016X.1000105

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