

WHEN TO PERFORM AN EXCISIONAL OR INCISIONAL BIOPSY FOR INTRAOSSEOUS LESIONS OF THE JAWS? ALGORITHM FOR DECISION MAKING

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INTRODUCTION

Intraosseous lesions of the jaws appear as a wide spectrum of pathologies with different clinical and histopathological characteristics, ranging from benign, aggressive or malignant lesions. [1]. The type of biopsy technique to choose will depend on a series of pre-surgical considerations, starting from the clinical evaluation of the patient, complementary examinations and differential diagnoses. [2,3].

OBJECTIVE

Determine the clinical and imaging parameters in intraosseous pathologies of the jaws that could lead the surgeon to perform incisional or excisional biopsy, as well as to present an algorithm for decision-making.

RESULTS

DECISION MAKING ALGORITHM FOR INCISIONAL OR EXCISIONAL BIOPSY

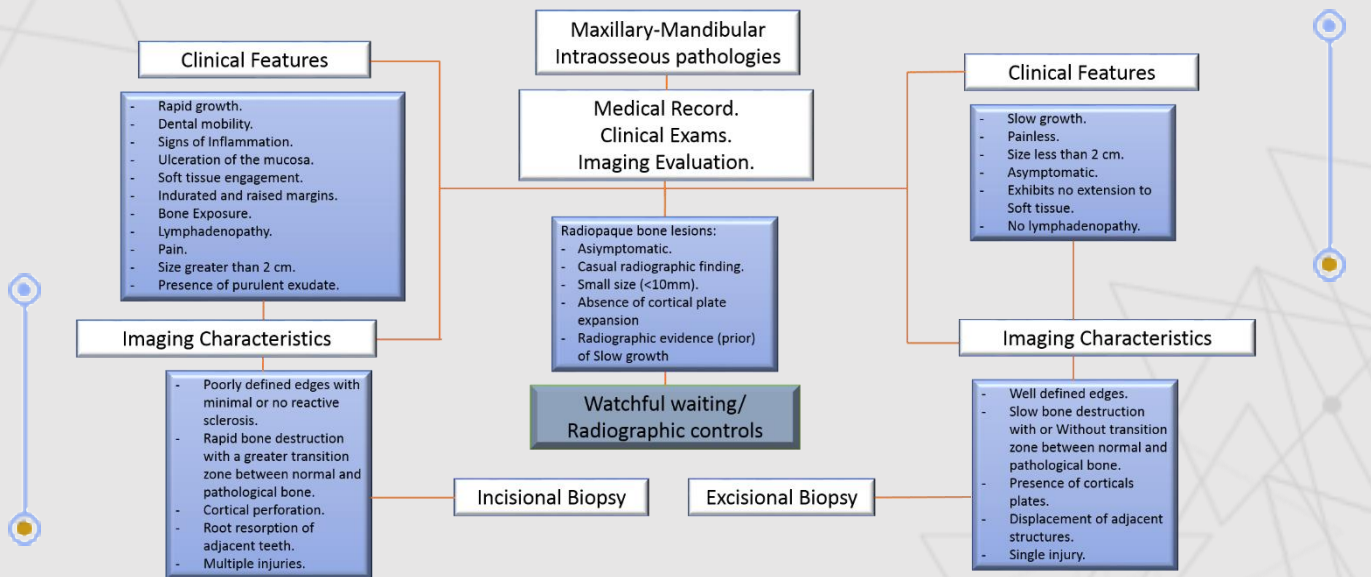


Figure 1: Decision making algorithm for incisional or excisional biopsy in intraosseous lesions of the jaw.

As part of the management of this type of lesions in the Oral and Maxillofacial Surgery Unit of the University Hospital of Maracaibo - Venezuela, a complete anamnesis of the patient is performed including: age, gender, pathological history, evolution time, symptoms, among others. Similarly, a clinical examination is performed, where possible facial asymmetries as well as palpable lymphadenopathy are evaluated. Intraorally, the presence or absence of cortical expansion, mobility of dental organs associated with the lesion, consistency on palpation and its surface are observed. Once these data have been obtained, in the first instance, panoramic radiographic imaging studies are requested, in search of imaging characteristics that can guide the set of differential diagnoses that will be corroborated through the histopathological study (Figure 1).

CONCLUSION

The decision of an incisional or excisional biopsy for intraosseous lesions continues to be a challenge for oral and maxillofacial surgeons. It is important to correlate the patient's medical history, clinical and imaging findings that allow the best decision to be made for a correct diagnosis and management. Incisional biopsy continues to be a reliable technique for diagnosing such pathologies, especially large lesions, with aggressive behavior or suspicion of malignancy. However, under certain conditions, it is possible to consider performing excisional biopsies or periodic controls, based on the epidemiology, behavior and characteristics of some intraosseous lesions.

THE AUTHORS DECLARE THAT THEY HAVE NO CONFLICTS OF INTEREST

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