# WHEN TO USE TRANSORAL OR EXTRAORAL APPROACHES FOR BENIGN TUMORS OF THE JAWS? DECISION ALGORITHM

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# INTRODUCTION

Benign tumors of the jaws represent a wide group of entities that can be classified as odontogenic or non-odontogenic depending on their origin. The objectives of an adequate treatment should be focused on curing the patient, conserving or restoring form and function, minimizing sequels and preventing recurrences<sup>1,2</sup>.

The surgical approach for the management of jaw tumors generally represents a challenge for the surgeon, due to the fact that, besides eliminating the lesion, it should allow for the subsequent reconstruction of the surgical defect.

## **OBJECTIVE**

To create an algorithm for the selection of the ideal approach for benign tumors of the jaws based on the authors' experience and a literature review.

#### Medical Record Laboratory Tests Imaging Studies Histopathological Diagnosis Clinical and Imagenological Characteristics Major Criteria • Encapsulated Tumors Major Criteria Tumors that compromise important Tumors that do not cause fenestration of adjacent vascular structures Tumors greater than 4cm causing fenestration of cortical plates cortical plates Tumors located at the mandibular body or ramus located in the posterior region Recurrent Tumors without fenestration of the cortical plates Tumors that do not cause Tumors that cause invasion of soft tissues in the posterior region of the invasion of soft tissues Minor Criteria Tumors with less than 4cm in Minor Criteria • Tumors that affect pterygoid diameter muscles causing trismus and diminished surgical access Tumors located in the anterior region of the jaws

ALGORITHM FOR THE SELECTION OF THE SURGICAL APPROACH FOR BENIGN TUMORS OF THE JAWS



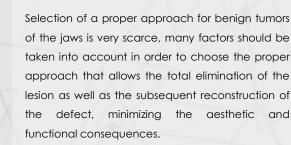
A total of 28 patients were included in the study 14 males (50%) 14 females (50%) Studied tumors:

15 ameloblastomas (53.57%), 6 ossifying fibromas (21.42%), 3 odontogenic fybromixomas (10.71%), 2 giant cell central granulomas (7.14%), 1 adenomatoid odontogenic tumor (3.57%) and 1 hybrid odontogenic tumor (3.57%)

Approach used: 21 cases transoral (75%) 7 extraoral (25%)

Complications: 5 cases: 4 treated with a transoral approach (14.28%) 1 occurred with extraoral approach (3.57%)

# CONCLUSION



## THE AUTHORS DECLARE THAT THEY HAVE NO CONFLICTS OF INTEREST

1. McHugh J. Mandible and Maxilla. Ros Acker Surg Pathol 11:212, 2018. 2. Santosh R, Ogle O. Odontogenic Tumors. Dent Clin North Am. 64:121,2020. 3. Shirani G, Arshad M, Mohammadi F. Immediate reconstruction of a large mandibular defect of locally invasive benign lesions (a new method). J Craniofac Surg. 18:1422,2007 4. Omeje K, Olushola A, Otosowie O. Management of Odontogenic Fibromyxoma in Pediatric Nigerian Patients: A Review of 8 Cases. Annals of Medical and Health Science Research 11,2015 5. Vargas G, Liceaga R, Trujillo J, et al. Tratamiento de los ameloblastomas. Revista Mexicana de Cirugía Bucal y Maxilofacial 6:66,2010.