

Squamous Odontogenic Tumour-like Gingival proliferations Occurring with Dentigerous Cysts and Amelogenesis Imperfecta

Abstract:

To determine the range of ablative surgery and rehabilitative procedures performed on maxillofacial structures. DESIGN: A retrospective descriptive study. SETTING: University of Nairobi Dental Teaching Hospital. SUBJECTS: Patients operated on at the institutions theatre, and followed up at the University of Nairobi Dental Teaching Hospital Oral Surgery Outpatient Clinic during the period February 1996, August 1998. RESULTS: Forty four patients underwent ablative surgery during the study period. Complete records were available for 38 patients, 27 females and 11 males aged 10 to 79 years (mean 32.6 years). Surgical procedures performed included: partial mandibulectomy, marginal mandibular resection, subtotal maxillectomy, sequestrectomy and enucleation. Six (15.8%) patients who underwent mandibular resection had rigid bone plating. Five (13.2%) patients who had maxillary involvement were given surgical obturators post-operatively with one receiving a complete denture after full recovery. A total of 22 (57.9%) patients who would have reaped benefits from prostheses therapy received none. Individual patient follow-up periods ranged from seven days for two patients who had cyst enucleation to two years for three cases with ameloblastoma, and two cases with squamous cell carcinoma. CONCLUSION: It is concluded that prosthetic rehabilitation of patients undergoing extensive surgery at the University of Nairobi Dental Teaching Hospital is largely inadequate