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MASSIVE HARD PALATE TUMOR REMOVED WITH AN

ELECTRIC KNIFE

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Abstract:

The article describes a case of a 70-year-old patient with a massive hard palate tumor removed with an electric knife.

Key words: tumor, electric knife, oral surgery

Introduction

Hard palate is anatomical structure that separates the oral cavity from the nasal cavity. The palatine processes of the maxilla and horizontal plates of the palatine bone form it. Intra-orally it is lined with mucosa, which characteristic feature is the presence of small salivary glands [1].

In the area of the hard palate, its bony and mucosal part, pathological lesions can develop, of developmental, inflammatory and cancerous origin. Such lesions require surgical treatment and histopathological verification.

The aim of the study was to describe a case of a patient, in which a benign, but massive tumour, developed on the hard palate, and which was removed with an electric knife.

Case report

The 70 y. o. patient was referred to the Department of Oral Surgery, Medical University of Lodz due to a massive hard palate tumour. The lesion appeared few years before, but the patient has not decided to undergo appropriate therapy at that point. The woman has not noticed the moment when the tumour reached present size, as it caused no pain, and has not grown for sometime. Even though the lesion considerably impeded the use of the denture, the patient still has not decided to search for help. Medical history revealed a type II diabetes and controlled hypertension. At the point of the examination, general condition of the patient was good.

Extra-oral examination showed no pathological changes. Intra-oral examination revealed a tumour located on the left hand side of the hard palate. Pedunculated, firm lesion of 3mm in diameter was lined with smooth, pink mucosa, without inflammation, whereas its periphery was slightly shrivelled (fig. 1).

The patient was asked to provide an OPG, which showed edentulous jaws, with no pathological changes in the bone.

Basing on the interview, clinical and radiological examination, the patient was presented with the surgical plan and after obtaining a written consent, the surgery was scheduled.

In local anaesthesia the lesion was excised with oncological margins with an electric knife. The lesion was elevated, which exposed the peduncle, and the lesion was cut off with an electrode shaped like a spatula, with an oncological margin.

The next step was to coagulate the wound with a ball shaped electrode of 1,7 diameter, thus obtaining correct haemostasis (fig. 2). The intra and postoperative course was uneventful. The lesion was sent for histopathological examination, the result confirmed initial diagnosis of fibroma.

Discussion

Oral cavity neoplasms are of various character and origin. Aydil et alia [2] analyzed considerable material concerning the lesions located exclusively on the hard palate. The statistical analysis demonstrated that the most often are the lesions deriving from small salivary glands, characteristic for the mucosa of the palate -61% of both benign and malignant neoplasms. Second in number of occurrence were mesenchymal lesions -15%, including the fibromas -3%,

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which groups includes also the lesion described by us. Malignant neoplasms were: 12% - the squamous cell carcinoma, 6 % - the melanoma and 3% lymphoma and sarcoma accordingly.

Treatment of choice when it comes to benign lesions of the palate is complete surgical excision [3]. Using a traditional method requires a lot of practice and caution due to the proximity of the palatine artery, the main blood vessel supplying this area, which damage could result in massive haemorrhage.

Furthermore, inflexible structure hampers the adaptation of the wound's edges and its correct suturing. That is why in the described case the electric knife has been used. Using this tool in oral cavity is very beneficial. The operating tips and electrodes are of very small size and are extremely easy to use in the confined space od of the oral cavity. The cutting mode with simultaneous coagulation eliminates the intra-procedural bleeding, which allows excellent view of the surgical field. Using only the coagulation mode allows for closing the blood vessels of the end of the wound and eliminates the necessity of suturing [4].

Macroscopic appearance of the treated tumour can be inconclusive, due to the constant triggering, which in turn causes deformations or inflammatory reaction. That is why an absolute condition of completing the surgical treatment is receiving the histopathological diagnosis and elimination of the irritating factor.

Similar case was described by Caldeira et alia [5], where the image of the tumour was inconclusive and diagnosis was tricky, whereas the final diagnosis was neurofibroma.

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Fig 1. Massive tumour of the palate.



Fig.2. Postoperative wound.