

## Treatment Options for Mandibular Ameloblastoma: A Retrospective Analysis

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### Background

Ameloblastoma is a benign odontogenic tumor, usually affecting the posterior region of mandible. It is seen in the third to fifth decades of life. It is believed to arise from dental lamina remains, the enamel organ in development, epithelial cover of odontogenic cysts or from the cells of the basal layer of the oral mucosa. Its clinical presentation is that of an asymptomatic slow-growing tumor. Despite being a benign tumor, it has an invasive behaviour with a high rate of recurrence if not treated properly.

### Aims & Objectives

To present our experience with the management of 11 mandibular ameloblastomas treated with different treatment modalities.

### Material And Methods

The present hospital-based retrospective study was conducted by reviewing the clinical and histopathological records of mandibular ameloblastoma cases from 2010 to 2013, available in the archives of the department. The data of a total of 11 patients was analysed.

The posterior region of mandible (i.e. molar-angle-ramus region) was more affected than the anterior region.

The methods of treatment consisted of radical surgery (i.e. segmental resection) with or without reconstruction and conservative treatments (i.e. enucleation with bone

curettage)

### Results

Enucleation with curettage was done in 1 case whereas 10 cases were treated surgically.

Histologically there were 8 patients who had Unicystic ameloblastoma and three had Multicystic ameloblastoma.

Enucleation with curettage was done in 1 case. Segmental resection with reconstruction with reconstruction plate was done in 3 cases. Segmental resection with reconstruction with sternocleidomastoid (SCM) flap was done in 5 cases. Composite excision of mandible with reconstruction with Synthis AO plate and SCM flap was done in 1 case.

The aesthetic and functional outcomes were satisfying in all patients.

### Conclusions

The various treatment modalities are decided according to the histologic variant of ameloblastoma by the surgeon. According to our opinion, radical surgical resection of ameloblastoma is the treatment of choice, followed by the reconstruction of the defects, allowing good functional and aesthetic outcome.

And while treating ameloblastoma one should not forget about the micro vascular surgery as a treatment option.