

# Transition from Korean to English Language of South Korean Journals Both Dedicated to the Oral and Maxillofacial Surgery (OMS): The Transitions' Impact on OMS Residency Programs\*

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## ABOUT ARTICLE

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## SUMMARY

In South Korea, two peer-reviewed journals related to the field of oral and maxillofacial surgery (OMS) [1-3]: 1) *Journal of the Korean Association of Oral and Maxillofacial Surgeons* for 43 years; 2) *Maxillofacial Plastic and Reconstructive Surgery* are already existing for 40 years. Both have a long time traditions of publishing and editorial process of peer-review articles. And both journals have undergone the process of changing the language of publications – transition from the official state language to English. The purpose of that analytic paper is to highlight that transition, as each of the journals has a different type of language transition. The transitions' impact on OMS residency programs is also discussed.

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## Introduction

The Korean language is an East Asian language spoken by about 77 million people (Fig 1) at Korean Peninsula [4]. It is a member of the Korean language family and is the official language of both South and North Korea (Fig 2) [5]. The Korean language started to have small differences between South and North versions from 1945, when Korea was *de facto* separated into two countries. But generally the Korean language uses the Korean alphabet known as Hangeul (*synonyms*: Hangeul, Han'gŭl) [6].

The English language tacked a position as a leading world language (*synonyms*: global language, international language) from the late 1940s [7].

Crystal D. (2003) [7] reported the statistics collected in his book *English as a Global Language* – about a quarter

of the world's population is already fluent or competent in English (around 1.5 billion people), and this figure is steadily growing. No other language can match this growth rate [7].

In South Korea, two peer-reviewed journals related to the field of OMS [1-3]: 1) *Journal of the Korean Association of Oral and Maxillofacial Surgeons* for 43 years; 2) *Maxillofacial Plastic and Reconstructive Surgery* are already existing for 40 years. Both have a long time traditions of publishing and editorial process of cutting-edge articles. And both journals have undergone the process of changing the language of publications – transition from the official state language to English. The goal of that analytic paper is to highlight that transition, as each of the journals has a different type of language transition. The transitions' impact on OMS residency programs is also discussed.

## Discussion

The English language becomes an official language of all important meetings around the globe in the field of oral and maxillofacial surgery (OMS): International Conference on Oral and Maxillofacial Surgery, Congress of the European Association for Cranio-Maxillo-Facial Surgery, Asian

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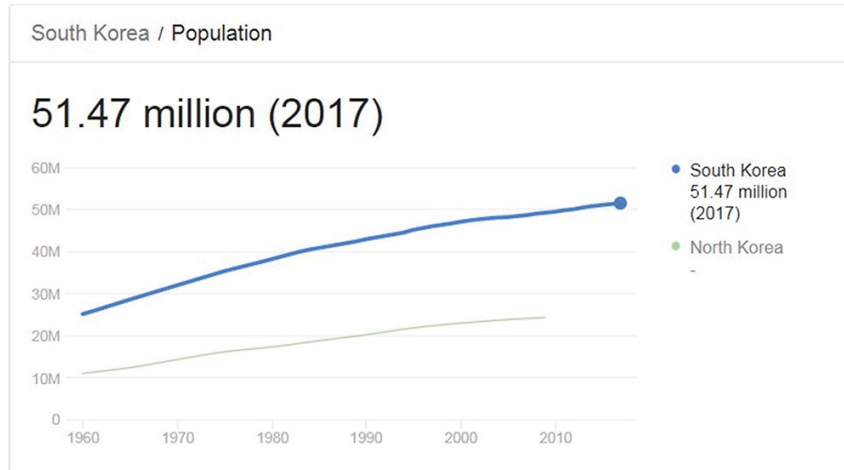


FIGURE 1. Cropped screenshot depicts population of South and North Korea. Obtained from Google at October 20, 2018.



FIGURE 2. Cropped screenshot of the map of South and North Korea. Obtained from Google Maps at October 20, 2018.

Congress on Oral and Maxillofacial Surgery, etc.

Also, the OMS residency programs in the developed countries usually include a mandatory list of scientific publications related to the OMS specialty. For example, among 22 recommended publications for completing the Oral and Maxillofacial Surgery Residency Program (organized by the Royal Australasian College of Dental Surgeons) 100% are the English language publications (*Australian Dental Journal*; *British Journal of Oral and Maxillofacial Surgery*; *Journal of Oral and Maxillofacial*

*Surgery*; *Journal of Cranio-Maxillofacial Surgery*; *Journal of Craniofacial Surgery*; *International Journal of Oral and Maxillofacial Surgery*; *Journal of Plastic and Reconstructive Surgery*; *Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology*; *Dentomaxillofacial Radiology*; *Journal of the Canadian Dental Association*; *Journal of Oral and Maxillofacial Implants*; *Journal of Oral Pathology and Oral Medicine*; *Journal of Orofacial Pain*; *The Laryngoscope*; *Otolaryngology Head and Neck Surgery*; *Ear Nose Throat Journal*; *Oral and Maxillofacial Clinics of North America*;

## TRANSITION FROM KOREAN TO ENGLISH LANGUAGE IN OMS JOURNALS

*The International Journal of Adult Orthodontics and Orthognathic Surgery; American Journal of Orthodontics and Dentofacial Orthopaedics; Journal of Head and Neck Surgery; Cleft Palate and Craniofacial Surgery Journal; and Journal of ENT and Head and Neck Surgery*) [8].

### JOURNAL OF THE KOREAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS: TRANSITION INTO FULLY ENGLISH LANGUAGE JOURNAL

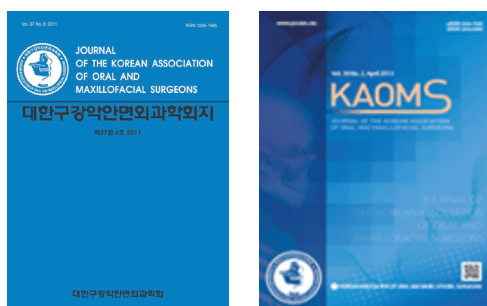
The oldest South Korean Journal dedicated to the OMS Surgery is a *Journal of the Korean Association of Oral and Maxillofacial Surgeons*. It was launched in 1975 as a bimonthly official publication of the Korean Association

of Oral and Maxillofacial Surgeons. From 2012, the official language of the journal was changed from Korean to English [1].

Kwon (2012) in his article “Prerequisites for international article: suggestion for our publication system” fixed a second issue (volume 38, year 2012) as a starting point issue from which the *Journal of the Korean Association of Oral and Maxillofacial Surgeons* (Fig 3) has been started as a fully English-written journal [1]. The transition into fully English language journal happened after 37 years of journal publishing as a fully Korean language peer-reviewed journal and 1 year of transition period (Table 1) (publication of journal with different amounts of Korean and English language articles) [9].

**TABLE 1.** Period 2011-2012: Transition from Korean to English Language in Articles of the *Journal of the Korean Association of Oral and Maxillofacial Surgeons* [9].

	Total Amount of Articles in One Issue	Articles in Korean	Articles in English
Volume 37, issue 1, 2011	14	14	-
Volume 37, issue 2, 2011	8	7	1
Volume 37, issue 3, 2011	12	10	2
Volume 37, issue 4, 2011	10	8	2
Volume 37, issue 5, 2011	12	9	3
Volume 37, issue 6, 2011	19	17	2
Volume 38, issue 1, 2012	10	1	9
Volume 38, issue 2, 2012	11	-	11



**FIGURE 3.** Cover images of *Journal of the Korean Association of Oral and Maxillofacial Surgeons* upon (A: Volume 37, Issue 6, 2011) and after language transition into completely English journal (B: Volume 44, Issue 5, 2018).

### JOURNAL MAXILLOFACIAL PLASTIC AND RECONSTRUCTIVE SURGERY: TRANSITION INTO FULLY ENGLISH LANGUAGE JOURNAL

Another leading Korean OMS publication – *Maxillofacial Plastic and Reconstructive Surgery* is the official journal of the Korean Association of Maxillofacial Plastic and Reconstructive Surgeons. It was launched in 1978 as *Journal of Korean Association of Maxillofacial Plastic and Reconstructive Surgeons* (Fig 4). Its language transition proceeded from the 6<sup>th</sup> issue of 2007 to the first issues of 2014 (Table 2). The issue #6 of 2007 contains 11 papers in Korean and the only 1 in English [10]. The 6<sup>th</sup>

(last) issue of 2013 contains totally 11 articles in English and only 3 of them were in Korean [10]. Starting from 2014 the *Journal of Korean Association of Maxillofacial Plastic and Reconstructive Surgeons* is accepting only English-written manuscripts.

Thus, the transition period continued 7 years and happened after 36 years of publishing as Korean language journal. But the *Journals*’ improvement continues and in 2015 an Editorial Board had changed the *Journals*’ name into a shorter one – *Maxillofacial Plastic and Reconstructive Surgery* (Figs 5, 6). The publisher was changed as well, and publication proceeded in only electronic open access version [2].

**TABLE 2.** Period 2007-2014: Transition from Korean to English Language Articles in the *Journal of Korean Association of Maxillofacial Plastic and Reconstructive Surgeons* (from year 2015 the Journals` name – *Maxillofacial Plastic and Reconstructive Surgery*) [10].

	Total Amount of Articles in One Issue	Articles in Korean	Articles in English
Volume 29, issue 1, 2007	12	12	-
Volume 29, issue 2, 2007	10	10	-
Volume 29, issue 3, 2007	10	10	-
Volume 29, issue 4, 2007	11	11	-
Volume 29, issue 5, 2007	10	10	-
Volume 29, issue 6, 2007	12	11	1
Volume 30, issue 1, 2008	16	15	1
Volume 30, issue 2, 2008	12	12	-
Volume 30, issue 3, 2008	12	12	-
Volume 30, issue 4, 2008	10	10	-
Volume 30, issue 5, 2008	12	11	1
Volume 30, issue 6, 2008	15	15	-
Volume 31, issue 1, 2009	14	14	-
Volume 30, issue 2, 2009	10	9	1
Volume 30, issue 3, 2009	12	12	-
Volume 30, issue 4, 2009	13	12	1
Volume 30, issue 5, 2009	13	11	2
Volume 30, issue 6, 2009	15	14	1
Volume 32, issue 1, 2010	16	15	1
Volume 32, issue 2, 2010	15	15	-
Volume 32, issue 3, 2010	14	13	1
Volume 32, issue 4, 2010	13	12	1
Volume 32, issue 5, 2010	16	14	2
Volume 32, issue 6, 2010	18	18	-
Volume 33, issue 1, 2011	16	13	3
Volume 33, issue 2, 2011	15	14	1
Volume 33, issue 3, 2011	13	11	2
Volume 33, issue 4, 2011	13	11	2
Volume 33, issue 5, 2011	14	13	1
Volume 33, issue 6, 2011	14	13	1
Volume 34, issue 1, 2012	13	12	1
Volume 34, issue 2, 2012	10	9	1
Volume 34, issue 3, 2012	10	7	3
Volume 34, issue 4, 2012	10	8	2
Volume 34, issue 5, 2012	12	12	-
Volume 34, issue 6, 2012	20	18	2
Volume 35, issue 1, 2013	10	9	1
Volume 35, issue 2, 2013	10	10	-
Volume 35, issue 3, 2013	10	10	-
Volume 35, issue 4, 2013	9	8	1
Volume 35, issue 5, 2013	10	4	6
Volume 35, issue 6, 2013	14	3	11
Volume 36, issue 1, 2014	7	-	7
Volume 36, issue 2, 2014	8	-	8



## 상아질성 유령세포종양: 증례보고와 문헌고찰

김성민 · 최소영<sup>1</sup> · 이재일<sup>1</sup> · 허경희<sup>2</sup> · 명 훈 · 이종호

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### Abstract

## Dentinogenic Ghost Cell Tumor: A Case Report and Review of Literature

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Dentinogenic ghost cell tumor (DGCT) is a rare epithelial odontogenic neoplasm, representing 1.9% to 2.1% of all odontogenic tumors. It is the neoplastic counterpart of the calcifying odontogenic cyst (COC), and characteristic islands of odontogenic epithelial cells contain numerous ghost cells and dysplastic dentin, and also have many common histological features with ameloblastoma. The 2005 World Health Organization (WHO) Classification of Odontogenic Tumours re-named this entity as calcifying cystic odontogenic tumor (CCOT) and defined the clinico-pathological features of the ghost cell odontogenic tumours, CCOT, DGCT and ghost cell odontogenic carcinoma (GCOC). We report a rare case of central DGCT in the posterior maxilla of a 31-year-old female with literature review, for the emphasis of Oral and Maxillofacial surgeon's role.

**Key words:** Calcifying cystic odontogenic tumor (CCOT), Calcifying odontogenic cyst (COC), Dentinogenic ghost cell tumor (DGCT), Ghost cell odontogenic carcinoma (GCOC), Ghost cell odontogenic tumor (GCOT)

### 서론

상아질성 유령세포종양(dentinogenic ghost cell tumor)은 기존에 치성 유령세포종양(odontogenic ghost cell tumor) 또는 상아질 형성 유령세포종양으로도 불리었는데, 석회화치성낭(calcifying odontogenic cyst)의 고형형 또는 종양형으로 알려져 있다. 조직학적으로 법랑아세포종(ameloblastoma)의 특성을 지니서 상아질성 법랑아세포종(dentinoameloblastoma)이라고 혼용

되어 불리울 만큼 유령세포와 유상아질이 혼재되어 나타나는 것이 특징적이다[1-4].

낭종이면서 종양의 특성을 동시에 지니고 있는 석회화치성낭도 발생빈도가 드문 질환으로 석회화치성낭의 상피조직은 이행성된 상아질 등의 치성 경조직을 결합조직 내에 포함하고 동시에 특징적인 유령세포를 지닌다. 조직학적 소견으로 유령세포가 나타나는 종양만을 따로 분류하기도 하나, 석회화 조직이 방사선 사진상에서 낭종과 동시에 관찰되는 경우 선양치성종양(adenomatoid

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FIGURE 4. (A) An example of the Korean language article in the *Journal of Korean Association of Maxillofacial Plastic and Reconstructive Surgeons* during transition period in 2013. This is a cropped 1st page of article: Kim SM, Choi SY, Lee JL, Huh KH, Myoung H, Lee JH. Dentinogenic ghost cell tumor: a case report and review of literature. *J Korean Assoc Maxillofac Plast Reconstr Surg* 2013;35(1):66-71. [2]. (Fig 4 continued on next page.)

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서 내측으로는 비강의 외측벽도 밀고 있는 소견을 보였다. 충실성 종괴의 내부는 불균일한 조영증강 양상을 보였는데, 전체적으로 높은 조영증강 정도를 보이는 충실성 종괴를 배경으로 중심부에서는 조영증강되지 않는 저감쇠부위가 산재되어 있는 소견이 관찰되었다(Fig. 1). 뚜렷한 치근단 외흡수와 명확한 피질골성 변연으로 보아 양성 종양으로 의심할 수 있었고, 피막화가 잘 되어 있어 보였으며, 상악동 내의 병소임을 감안하여 조직검사를 먼저 시행하기 보다는 직접 종괴를 적출하기로 계획하여 범랑아세포종 가진 하에 병소를 적출하였다(Fig. 1).

기존에 신경치료 및 금관치료되어 있었던 상악 제1, 2대구치를 포함하여 광범위한 적출을 위해 골막을 포함하여 하나의 병소로 제거하기 위해 주변 조직을 둔하게 박리하였으며, 상악동의 전외측벽은 병소에 의해 모두 파괴되어 있음이 확인되었다. 상악동의 내측 및 상방벽이 많이 밀려있었는데, 종괴만 제거하면서 상악동과의 개통이 되지 않게 하기 위해 얇게 남아있는 골면 및 심지어 골막을 최대한 보존하였으며, 구개부쪽 내측으로는 경계가 잘

지워져 있어 쉽게 분리되었다(Fig. 2A). 제거된 종괴는 임상적으로 마치 타액선 기원의 다형선선종(pleomorphic adenoma)이 의심될 정도로 탄력적이었으며 대구치 치근을 완전히 감싸고 있는 종양의 형태로 관찰되었다. 가장 큰 장경을 따라 절단해 본 내부 구조에서는 중앙부의 일부 과사된 부위를 제외하고는 대부분 균질화되어 있으면서 출혈 및 액상 성분이 없는 섬유성 병소로 관찰되었다(Fig. 3).

완전한 적출이 이루어짐을 확인하고, 병소 부위를 재건하기 위해 두 개의 8-hole 소형금속판(KLS Martin Co., Jacksonville, FL, USA)을 이용하여 상악구치부 치조골 및 상악골 후방부의 외형을 유지하도록 구부러서 고정하고(Fig. 2B), 구강내 절제 변연에 맞추어 점막 봉합을 시행하였다. 시술 후 구강내 및 외부 안모의 형태가 잘 유지되었으며 현재 수술 후 6개월이 경과하였으며 주기적인 경과 관찰중에 있다.

조직학적 소견으로 고형성 성장을 보이는 종괴는 울타리 모양의 입방형 기저세포(palisading columnar basal cells)와 핵의

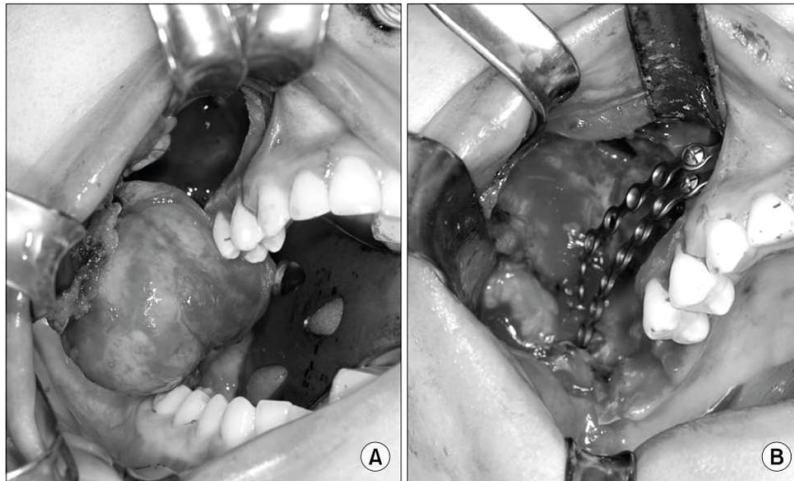


Fig. 2. (A) Intraoperative clinical view, wide mass excision from the right posterior maxilla including first and second molar, (B) postero-lateral maxillary wall reconstruction with two plates.



Fig. 3. Macroscopic view of removed tumor, (A) lateral, (B) superior and (C) cutting view.

*J Korean Assoc Maxillofac Plast Reconstr Surg*

FIGURE 4 (cont'd). (B) An example of the Korean language article in the *Journal of Korean Association of Maxillofacial Plastic and Reconstructive Surgeons* during transition period in 2013. This is a cropped 3rd page of article: Kim SM, Choi SY, Lee JL, Huh KH, Myoung H, Lee JH. Dentinogenic ghost cell tumor: a case report and review of literature. *J Korean Assoc Maxillofac Plast Reconstr Surg* 2013;35(1):66-71. [2].

## CASE REPORT

## Open Access

# Bimaxillary orthognathic surgery and condylectomy for mandibular condyle osteochondroma: a case report

Young-Wook Park<sup>1\*</sup>, Woo-Young Lee<sup>1</sup>, Kwang-Jun Kwon<sup>1</sup>, Seong-Gon Kim<sup>1</sup> and Suk-Keun Lee<sup>2</sup>

## Abstract

Osteochondroma is rarely reported in the maxillofacial region; however, it is prevalent in the mandibular condyle. This slowly growing tumor may lead to malocclusion and facial asymmetry. A 39-year-old woman complained of gradual development of anterior and posterior unilateral crossbite, which resulted in facial asymmetry. A radiological study disclosed a large tumor mass on the top of the left mandibular condyle. This bony tumor was surgically removed through condylectomy and the remaining condyle head was secured. Subsequently, bimaxillary orthognathic surgery was performed to correct facial asymmetry and malocclusion. Pathological diagnosis was osteochondroma; immunohistochemistry showed that the tumor exhibited a conspicuous expression of BMP-4 and BMP-2 but rarely expression of PCNA. There was no recurrence at least for 1 year after the operation. Patient's functional and esthetic rehabilitation was uneventful.

**Keywords:** Osteochondroma; Condylectomy; Bimaxillary orthognathic surgery; BMP-4 expression

## Background

Osteochondroma is one of the most common benign bone tumors (~40% of all benign tumors; 10% of all primary bone tumors) [1]. It usually occurs in the femur or tibia [2]. However, this tumor is rarely found in the maxillofacial region. The condyle and coronoid process of the mandible are the most prevalent sites of osteochondroma occurrence; however, relatively high incidence was also reported in the mandibular condyle [3].

Many options can be considered for the treatment of osteochondroma, including resection via local excision (condylectomy), arthroplasty, and vertical ramus osteotomy. Reconstruction with an autogenous bone graft such as costochondral graft or total joint replacement with a Temporomandibular joint prosthesis can also be good treatment options [1].

If the patient has malocclusion, two-step approaches, such as resection followed by orthognathic surgery have been used. However, there are few reports of mass resection

with simultaneous orthognathic surgery. Here, we describe a case of mandibular condyle osteochondroma treated with bimaxillary orthognathic surgery as well as condylectomy.

## Case presentation

A 39-year-old woman was referred for facial asymmetry and malocclusion, which had slowly progressed over 4 years. She visited a dental hospital 2 years before admission and was diagnosed with chondroma by radiological observation. She did not experience any systemic diseases or accidental trauma. Although she had been treated for malocclusion in a local clinic, her malocclusion was not appropriately corrected but gradually worsened. Written informed consent was obtained from the patient for the publication of this report and any accompanying images.

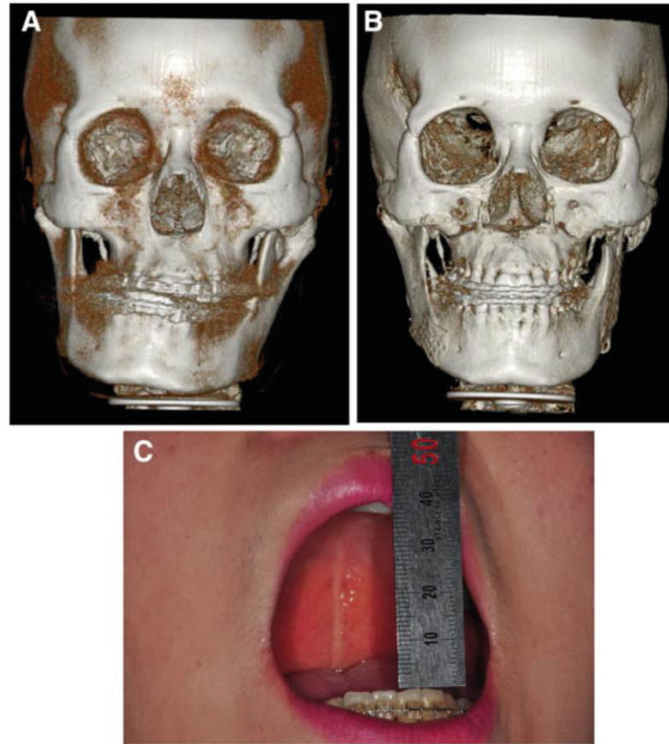
Clinical examination revealed severe malocclusion and facial asymmetry. Intraorally, her midline of the mandibular teeth was deviated to the right side by up to 12 mm (Figures 1; A, B). She showed severe anterior crossbite and posterior crossbite on the right side, and an Angle Class III molar key on the left side and Class II molar key on the right side. She also complained of slight pain in her left TMJ during mouth opening. Her mouth opening was greatly shifted to the right side and was up to 35 mm.

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**Figure 5** Comparison of the pre-operation and post-operation status. **(A)** A pre-operation 3D reconstruction. The mandible was deviated to the right side. **(B)** A 1-year post-operation 3D reconstruction. There were no deviation and no signs of recurrence. **(C)** The post-operation maximum mouth opening was 40 mm without pain or any interference.

cartilage-capped osseous growth [2,3]. In contrast to other bone tumors, chondrocytes of osteochondroma show intracytoplasmic eosinophilic inclusions or hyaline globules inside them [2].

On histological observation, the present osteochondroma showed diffuse proliferation of chondroid tissue, which partly produced ossifying trabecular bones. The chondroid tissue was conspicuously positive for BMP-4 and the trabecular bones were slightly positive for BMP-2. Most chondrocytes were surrounded by hyalinized chondroid material and showed rare PCNA immunoreaction. Therefore, we presume that the present tumor was derived from condyle chondrocytes that showed ossification, and are confident in the osteochondroma diagnosis. We also believe that the present osteochondroma was a relatively well-differentiated benign tumor with low proliferative potential.

The protocol for treatment of osteochondroma of the mandibular condyle is controversial. If only the head of the condyle is involved without tumor extension into the neck, local resection or conservative condylectomy with contouring the affected condylar head can be the appropriate choice [1]. However, conservative approach may

result in recurrence of the lesion or malignant changes [5]. In case of osteochondroma requiring the removal of the condylar head and neck, total condylectomy with joint reconstruction is recommended [12]. Costochondral or sternoclavicular grafts are considered for the reconstruction of the condyle, but in this case donor site morbidity and bone resorption are possible [13]. Alloplastic TMJ replacement may be performed, but it may lead to infection and heterotopic bone formation [14]. We performed high condylectomy to remove the mass. For 12 months after surgery, the patient had not complained of any discomfort and we could not find any signs of recurrence or malignant changes.

Deviation of the mandible because of osteochondroma of the mandibular condyle can also change the occlusion plane. In this case, orthognathic surgery should be considered. It can re-establish optimal occlusion and improve facial aesthetics [3]. There are many benefits of simultaneous TMJ and orthognathic surgery. First, only one operation under general anesthesia is required. Second, the surgeon can balance the occlusion, TMJs, jaws, and neuromuscular structure at the same time. It also reduces the overall treatment time [15]. In our case,

**FIGURE 5 (cont`d).** **(B)** An example of the English article after transition of the Journal *Maxillofacial Plastic and Reconstructive Surgery* in 2014 into the completely English language publication. This is a cropped 5th page of article: Park YW, Lee WY, Kwon KJ, Kim SG, Lee SK. Bimaxillary orthognathic surgery and condylectomy for mandibular condyle osteochondroma: a case report. *Maxillofac Plast Reconstr Surg* 2015;37(1):4. [3].





**FIGURE 6.** Cover of *Maxillofacial Plastic and Reconstructive Surgery* (Volume 40, October 2018) after the language transition into completely English version in 2015.

## TRANSITIONS' IMPACT ON OMS RESIDENCY PROGRAMS AND NATIONAL OMS SURGERY

A lot of authors (Inverso *et al*, 2016; Lee *et al*, 2018) pointed to the importance of publications by the trainees during the postgraduate training process [11, 12]. For example, the grant system provided by the different OMS Foundations would be effective in encouraging students and faculty to participate in research, complete research projects, presenting abstracts, and publishing the results in peer-reviewed journals [11]. When publishing a paper in the English language peer-reviewed journal the authors (residents, inters, trainees, surgeons et al.) and their institutions obtain next advantages:

- 1) The paper becomes readable in every corner of the world;
- 2) More readers cite the paper;
- 3) Recognizability and reputation of the authors and their institutions increase globally as opinion leaders of a special topic;
- 4) Increased recognizability and reputation of the authors will help to improve international contacts, to start friendship with colleagues, new partnership projects, to receive invitations in status of a visiting professor, etc.;
- 5) International collaboration can lead to a joint projects: books (for example the textbook *Implants in the Aesthetic Zone: A Guide for Treatment of the Partially Edentulous Patient* (editor–Schoenbaum T.R., 2018) includes 25 authors, representing 11 countries, and 10 universities) [13], organizations of scientific meetings, etc.

## Results

Analysis of publication history of both South Korea OMS journals depicts us a precise way how the language transition was performed. In the journal *Maxillofacial Plastic and Reconstructive Surgery* the language transition was a gradual, seven-year process (starting point – the first issue in which appears English language article) accomplished in 2014. In other publication, *Journal of Korean Association of Oral and Maxillofacial Surgeons*, the language transition was a one-year process accomplished in 2012.

## Conclusions

There are following advantages of the journal transition into a fully English language peer-review publication:

- 1) The papers of that journal become readable in every corner of the world;
- 2) More readers can cite the papers of that journal;
- 3) Recognizability and reputation of the authors and their institutions increase globally (not only in the country of authors origin) as opinion leaders of a special topic;
- 4) Increased recognizability and reputation of the authors will help to improve international contacts, to start friendship with colleagues, new partnership projects, to receive invitations in status of a visiting professor, etc.;
- 5) International collaboration can lead to joint projects: books, articles, organization of the scientific meetings, etc.

The transition of the fully Korean language journals into the fully English language journals happened after 37 years (*Journal of the Korean Association of Oral and Maxillofacial Surgeons*) and 36 years of publishing (*Journal – Maxillofacial Plastic and Reconstructive Surgery*; previous title – *Journal of Korean Association of Maxillofacial Plastic and Reconstructive Surgeons*). That fact testifies that transition was a requirement of a time of English as global language [7, 14]. And other fact that transition finished almost simultaneously (year 2012 and year 2014) testifies about some possible competition between those two Korean journals.

## Role of the Co-authors

Oleksii O. Tymofieiev (editing)  
 Oksana D. Fesenko (material collection).  
 Ievgen I. Fesenko (concept of the article, writing, and editing).  
 All authors read and approved the final manuscript.

## Ethical Approval

None.

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