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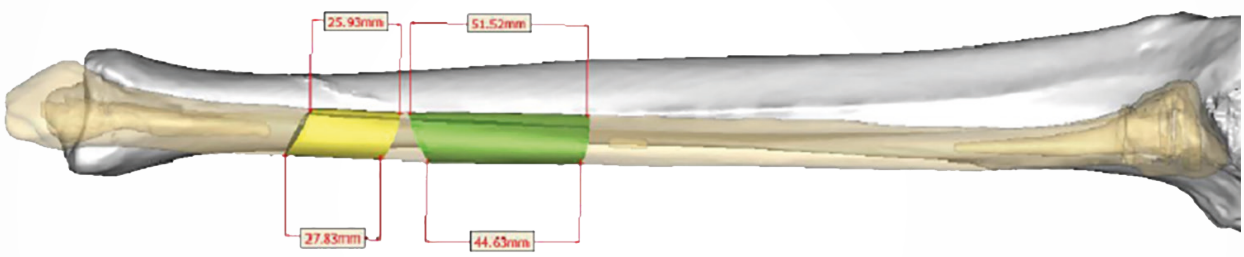
Journal of DIAGNOSTICS & TREATMENT of Oral & Maxillofacial Pathology

8 2019



Editors
Oleksii O. Tymofieiev & Rui P. Fernandes
(Kyiv, Ukraine & Jacksonville, FL, USA)

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Goals & Scope

Journal of Diagnostics & Treatment of Oral & Maxillofacial Pathology goals to publish the cutting-edge and peer-reviewed articles on work in oral and maxillofacial surgery and neighboring specialties. The journal includes the following topics: implants surgery, head and neck imaging, microvascular and reconstructive surgery, oral and maxillofacial pathology, head and neck surgery/oncology, TMJ lesions/disorders, head and neck trauma, plastic surgery, pharmacology/drugs. When citing this journal, abbreviate as *J Diagn Treat Oral Maxillofac Pathol*.

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FIGURE. Professor Oleksii O. Tymofieiev (*left*) and Professor Rui P. Fernandes (*right*) at 1st International Scientific Congress of the Azerbaijan Society of Oral and Maxillofacial Surgeons. 14 March, 2019; Baku, Azerbaijan.

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Section Editors

Continued from page EB A2

Editorial Board

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Editorial Board

Continued from page EB A3

TANTUM VERDE®

INFORMATION LEAFLET
for the medicinal product

Composition:
active substance: **benzydamine hydrochloride**;
100 mL of solution contain benzydamine hydrochloride 0.15 g;
excipients: ethanol 96%, glycerol, methyl parahydroxybenzoate (E 218), flavor (menthol), saccharin, sodium hydrocarbonate, Polysorbate 20, Quinoline Yellow (E 104), Patent Blue V (E 131), purified water.

Dosage form. Oromucosal solution.
Basic physical and chemical properties: a clear green liquid with a typical mint flavor.

Pharmacotherapeutic group. Dental preparations. Other agents for local oral treatment.
ATC code: A01A D02.

Pharmacological properties.
Pharmacodynamics.
Benzydamine is a non-steroidal anti-inflammatory drug (NSAID) with analgesic and antiexudative properties.

Clinical studies have shown that benzydamine is effective in the relief of symptoms accompanying localized irritation conditions of the oral cavity and pharynx. Moreover, benzydamine has anti-inflammatory and local analgesic properties, and also exerts a local anesthetic effect on the oral mucosa.

Pharmacokinetics.
Absorption through the oral and pharyngeal mucosa has been proven by the presence of measurable quantities of benzydamine in human plasma. However, they are insufficient to produce any systemic pharmacological effect. The excretion occurs mainly in urine, mostly as inactive metabolites or conjugated compounds.

When applied locally, benzydamine has been shown to cumulate in inflamed tissues in an effective concentration due to its ability to permeate through the mucous membrane.

Clinical particulars.
Indications.
Symptomatic treatment of oropharyngeal irritation and inflammation; to relieve pain caused by gingivitis, stomatitis, pharyngitis; in dentistry after tooth extraction or as a preventive measure.
Contraindications.
Hypersensitivity to the active substance or to any other ingredients of the product.

Interaction with other medicinal products and other types of interaction.
No drug interaction studies have been performed.

Warnings and precautions.
If sensitivity develops with long-term use, the treatment should be discontinued and a doctor should be consulted to get appropriate treatment.

In some patients, buccal/pharyngeal ulceration may be caused by severe pathological processes. Therefore, the patients, whose symptoms worsen or do not improve within 3 days or who appear feverish or develop other symptoms, should seek advice of a physician or a dentist, as appropriate.

Benzydamine is not recommended for use in patients hypersensitive to acetylsalicylic acid or other non-steroidal anti-inflammatory drugs (NSAIDs).

The product can trigger bronchospasm in patients suffering from or with a history of asthma. Such patients should be warned of this.

For athletes: the use of medicinal products containing ethyl alcohol might result in positive antidoping tests considering the limits established by some sports federations.

Use during pregnancy or breast-feeding
No adequate data are currently available on the use of benzydamine in pregnant and breastfeeding women. Excretion of the product into breast milk has not been studied. The findings of animal studies are insufficient to make any conclusions about the effects of this product during pregnancy and lactation.

The potential risk for humans is unknown.

TANTUM VERDE should not be used during pregnancy or breast-feeding.

Effects on reaction time when driving or using machines
When used in recommended doses, the product does not produce any effect on the ability to drive and operate machinery.

Method of administration and doses.
Pour 15 mL of TANTUM VERDE solution from the bottle into the measuring cup and gargle with undiluted or diluted product (15 mL of the measured solution can be diluted with 15 mL of water). Gargle 2 or 3 times daily. Do not exceed the recommended dose.

Children.
The product should not be used in children under 12 years due to a possibility of ingestion of the solution when gargling.

Overdosage.
No overdose has been reported with benzydamine when used locally. However, it is known that benzydamine, when ingested in high doses (hundreds times higher than those possible with this dosage form), especially in children, can cause agitation, convulsions, tremor, nausea, increased sweating, ataxia, and vomiting. Such acute overdose requires immediate gastric lavage, treatment of fluid/salt imbalance, symptomatic treatment, and adequate hydration.

Adverse reactions.
Within each frequency group, the undesirable effects are presented in order of their decreasing seriousness.

Adverse reactions are classified according to their frequency: very common (≥ 1/10); common (≥ 1/100 to <1/10); uncommon (≥ 1/1,000 to <1/100); rare (≥ 1/10,000 to <1/1,000); very rare (<1/10,000); frequency unknown (cannot be estimated from the available data).

Gastrointestinal disorders: rare – burning mouth, dry mouth; *unknown* – oral hypesthesia, nausea, vomiting, tongue edema and discoloration, dysgeusia.

Immune system disorders: rare – hypersensitivity reaction, *unknown* - anaphylactic reaction.

Respiratory, thoracic and mediastinal disorders: very rare –laryngospasm; *unknown* – bronchospasm.

Skin and subcutaneous tissue disorders: uncommon – photosensitivity; *very rare* – angioedema; *unknown* – rash, pruritus, urticaria.

Nervous system disorders: unknown – dizziness, headache.

TANTUM VERDE contains methyl parahydroxybenzoate, which can cause allergic reactions (including delayed-type reactions).

Shelf life. 4 years.

Storage conditions.
Do not store above 25°C. Keep out of reach of children.

Packaging.
120 mL of solution in a bottle with a measuring cup; 1 bottle per cardboard box.

Dispensing category.
Over-the-counter medicinal product.

Manufacturer.
Aziende Chimiche Riunite Angelini Francesco A.C.R.A.F. S.p.A., Italy.

Location of the manufacturer and its business address. Via Vecchia del Pinocchio, 22 – 60100 Ancona (AN), Italy.

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From the end of 2019 it will be possible to subscribe all 12 of 2020-year Issues.

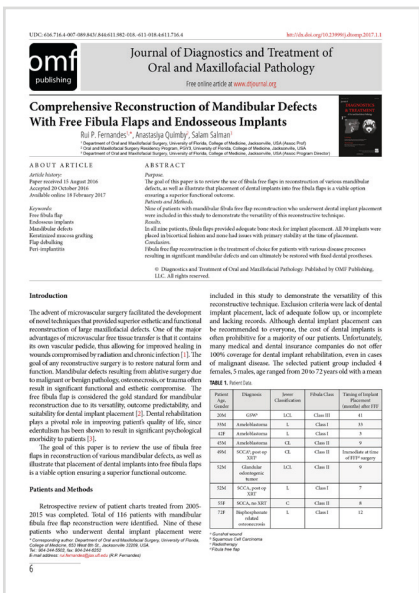
ANOUNCMENT: At the end of the 2019 it will be possible subscribe the *Journal* from any corner of the globe via *Journal*`s website.

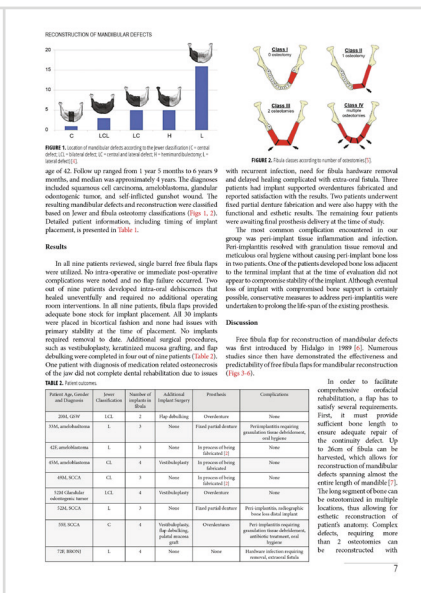
Issues	Fee
4 issues in 2019 (March, June, September, December)	USD 6^{92} (UAH 195^{50}) per 1 issue
12 issues in 2020	USD 3^{73} (UAH 97) per 1 issue

Content

of the Volume 3 (Issue 8) 2019

Courtesy Page





Journal`s cover image (virtual surgical planning for a segmental mandibular reconstruction with fibula transplant) is courtesy of:

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Image was taken from the article (*upper images* is a first and second pages of the publication): Fernandes RP, Quimby A, Salman S. Comprehensive reconstruction of mandibular defects with free fibula flaps and endosseous implants. *J Diagn Treat Oral Maxillofac Pathol* **2017**;1:6–10.

WELCOME LETTER

Dear Colleagues,

Tradition and progress coming together.

Maxillofacial surgery is one of the most diverse and challenging professions. We operate while influencing on a person's facial appearance, some of the times unintentionally while at other times in order to improve appearance. We treat bony tissue and soft tissue, functional structures and aesthetic structures, healthy people and sick ones, children and adults. Our field includes numerous procedures; from minor oral surgery and implantology up to major head & neck surgery and reconstruction.

Due to the diversity of our field, an increased number of technological developments are introduced constantly, starting from minimal invasive endoscopic instrumentation up to virtual 3D pre planning of operations and personalized surgical guides and implants.

Research is an important part of our field and completes the clinical activity.

All of the above require us to exchange experiences and developments in our field in order to allow the best possible care for our patients.

In light of the importance of these scientific meetings it is my pleasure to invite you to the 31st World Congress of the International College for Maxillo-Facial-Surgery (ICMFS), which will be held in Tel Aviv, Israel between the 29th of October and the 1st of November 2019 (www.icmfs2019.com).

This congress will include keynote lectures from some of the most experienced and well known surgeons of our field.

In addition, we want this congress to act as a platform for all of you to exhibit your experience as well as your research accomplishments while conducting discussions to improve you as a clinician and researcher.

In this congress you will be exposed to keynote lectures, oral presentations, poster presentations, masterclasses, panel discussions, evening receptions and more. You will get the chance to meet new people in your field and form collaborations.

You will have the opportunity to see Israel with all of its historical past and numerous beaches and cultural experience as well as great food and great weather.

We are looking forward to meet you all in the congress and have a wonderful time together in Israel.

Adi Rachmiel, Professor
President, 31st ICMFS World Congress 2019

Dr. Yoav Leiser
President Elect, Israeli Association for Oral and Maxillofacial Surgery

Editorial

DTJournal: Instagram Stories Metrics

Oleksii O. Tymofieiev[a],
João Luiz Gomes Carneiro Monteiro[b],
& Ievgen I. Fesenko[c]

Social media is about sociology and psychology more than technology.
—Brian Solis
American digital analyst

Instagram Stories is a tool that lets users post media material (images, photos, and videos) that vanishes after twenty-four hours but which can be saved to your account.[1] Story`s analytics is shown only to the page owner: *1)* interactions (replies, profile visits, and sticker taps) and *2)* discovery (amount of accounts reached with this story). Example of analytics from last *DTJournal*`s story dedicated to a new Section is showed in Figure.[2]

Breathtaking growth history of Instagram: 1 million users within 2 months of being open (October 2010), 10 million users in one year, 100 million in 2013, and 1 billion users in 2018.[3] With that overwhelming growth tendency (5% Instagram growth per quarter, 3.14% Facebook growth, and 2.13% Snapchat growth),[3] we can predict that after next 8 years the total amount of its active users will reach 2 billion. Some journals use the advantages of Instagram and received a huge help

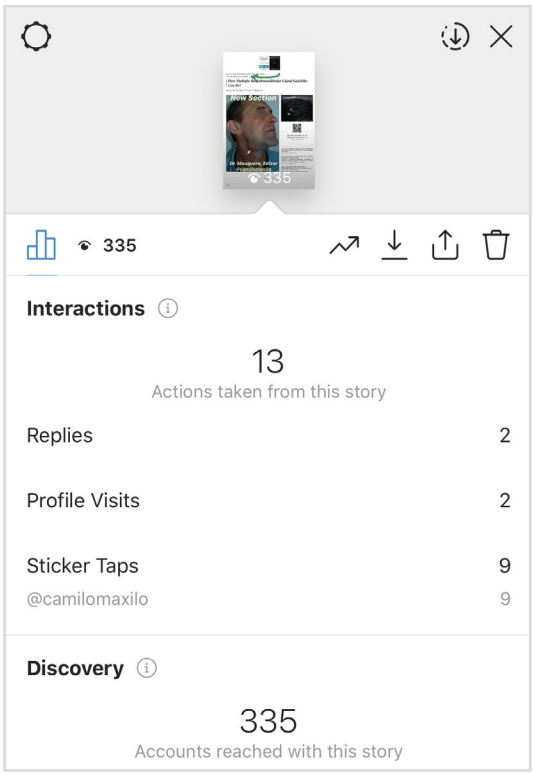

FIGURE. Screenshot from recent *DTJournal*`s Story.

in journal`s growth and attraction of new readers and authors. Among those publications are *PRS Global Open* (Instagram: @prsglobalopen has 2,433 followers), *PRS* (Instagram: @prsjournal – 12.3K followers), *The New England Journal of Medicine* (Instagram: @nejm – 184K followers), etc. Some updates to the Instagram Stories have recently been added, such as the ability to ask questions to the public, thereby increasing interaction with the journal's audience.

And the main question that every editor and publisher of newly launched or other existing journal should ask themselves is: "With more than 1 billion monthly active users (or potential customers), is our peer-reviewed journal on Instagram yet?"[3]

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3. 20+ mind-blowing Instagram stats and facts [document on the internet]; **2019** [cited 2019 Aug 27]. Available from: https://kinsta.com/blog/instagram-stats/.

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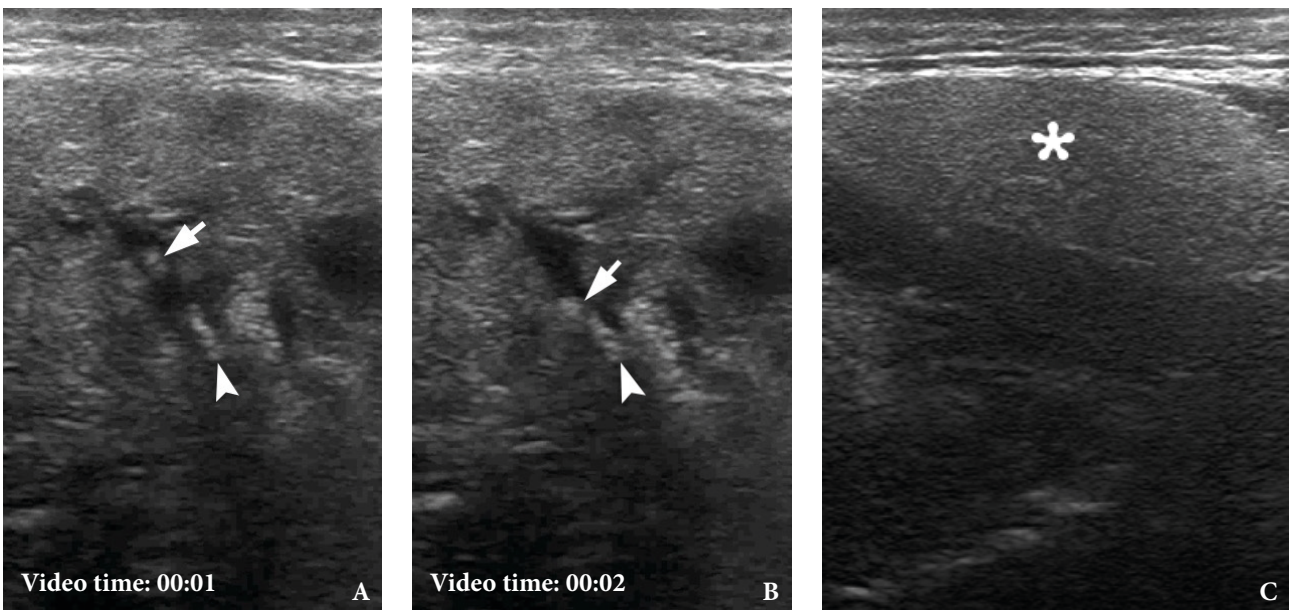
https://dx.doi.org/10.23999/j.dtomp.2019.8.1.

Pics in Oral & Maxillofacial Surgery + Video
Camilo Mosquera, Editor

Ultrasound in the Detection of Floating Sialoliths

Oleksii O. Tymofieiev[a] & Olha S. Cherniak[b]



QR code leads to that video at
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http://dx.doi.org/10.23999/j.dtomp.2019.8.2.

A 36-year-old man with a 3-year history of recurrent salivary colic was referred to a maxillofacial surgery department. Gray scale ultrasound (US) showed enlarged right submandibular gland, significantly dilated intraglandular duct with two sialoliths (with an artifact of acoustic shadowing) inside, one – floating (Video-Panel A and B, *arrow*) and another – non-movable (*arrowhead*). Left nonsymptomatic normal in size gland (*asterisk*) is showed at Panel C. The affected gland was excised under general anesthesia due to the diagnosis of chronic submandibular obstructive sialolithiasis. Intraglandular duct contained two yellowish stones, first was an oval form with a pellet surface (Panel D, *arrow*), second – a round shaped with a smooth surface (Panel D, *asterisk*) and it was presented at US as a floating sialolith; both are easily crumbled on palpation. As the specimen and intraglandular duct were dissected longitudinally, that`s why dissected intraglandular duct (Panel D, *arrowheads*) is visible in both parts of the gland. Also, a 1 small calculus (Panel D, *curved arrow*) was found in the parenchymal ducts. Postoperative period was smooth, and 1-year follow-up after surgery, the patient has no complaints. ▪ DTJournal

Pics in Oral & Maxillofacial Surgery
Camilo Mosquera, Editor

Understanding the Head and Neck Ultrasound: From Simple to Complicated Cases: Submandibular Abscess

Olha S. Cherniak[a] & Oleksandr A. Nozhenko[b]

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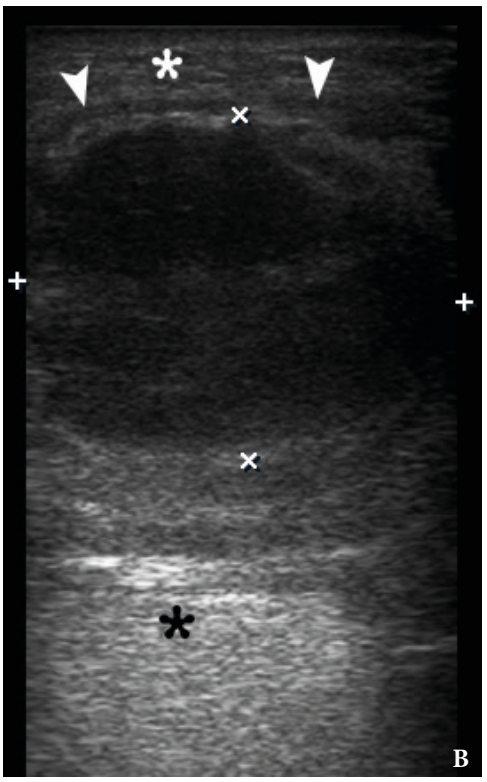
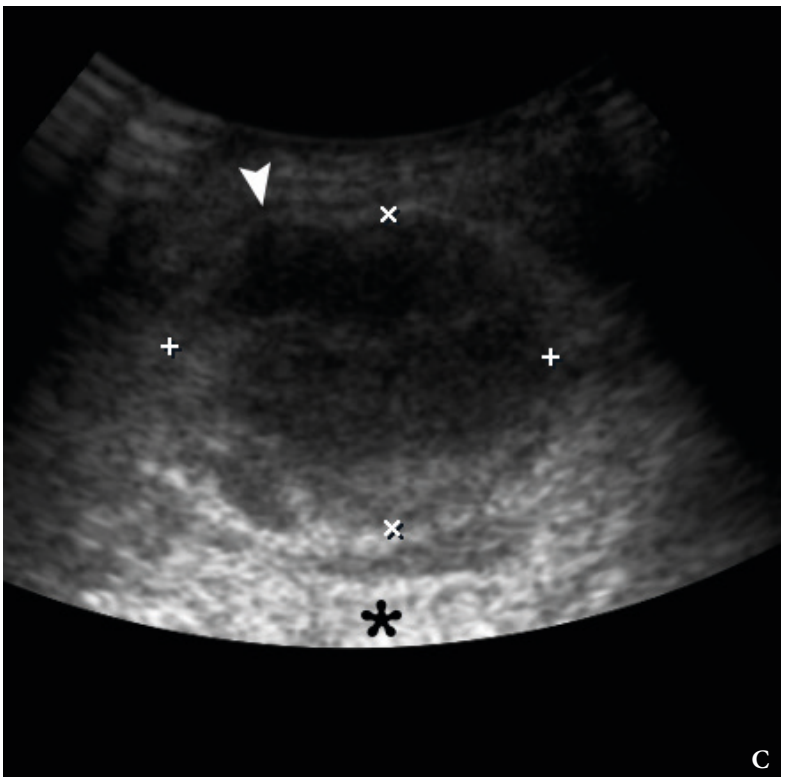


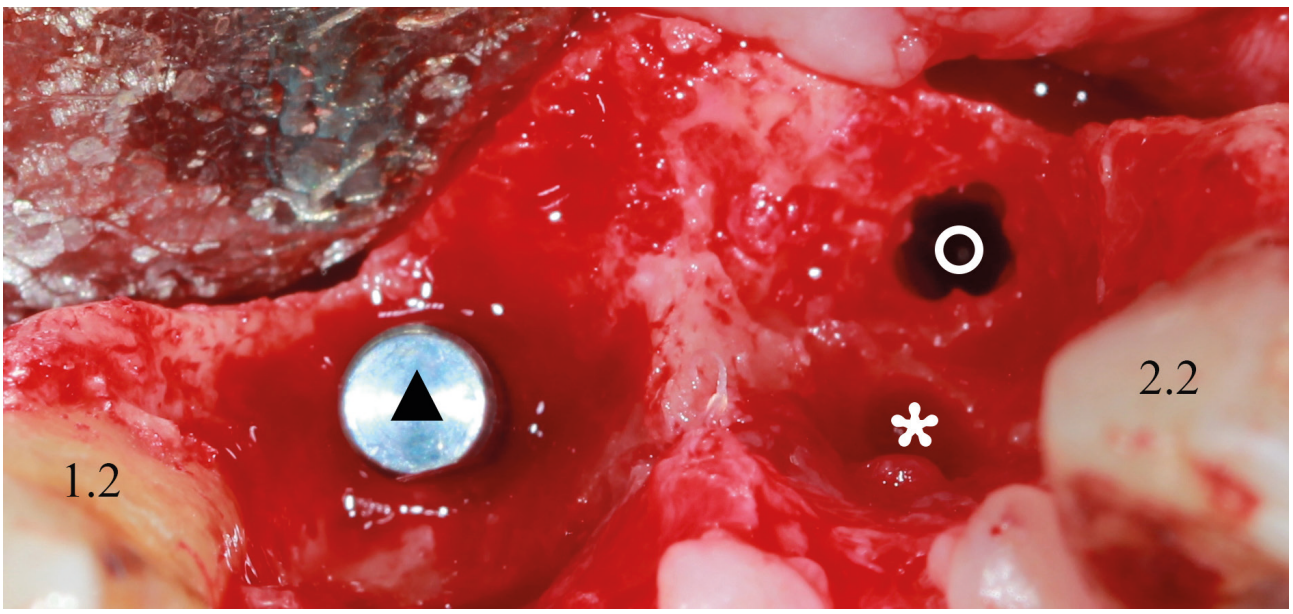


A 43-year-old man was referred to center of maxillofacial surgery and dentistry with a very painful and severe swelling in the left submandibular area, redness of the neck, fever for 1 week, and slight worsening of swallowing. According to history of patient`s complaints, 10 days ago in the area of the swelling, several movable lesions in the depth of soft tissue were noted. Longitudinal gray scale ultrasound (US) (Panel B, US using linear probe; Panel C, US using convex probe) showed subcutaneous oedema (*white asterisk*), large collection of well-defiened hypoechoic fluid (indicated by '+' and '×' calipers) under the platysma muscle (*arrowheads*). Movement of the fluid during dynamic compression was noted. The usual artifact for fluid-contained objects, posterior acoustic enhancement, is indicated by *black asterisks*. No ultrasound signs of gas loculations in the soft tissue and fluid were found. This allows assuming the absence of gas-forming organisms. Also, the enlarged lymph nodes were noted at the left neck. The diagnosis of submandibular abscess due to non-odontogenic inflammation and suppurate fusion of the lymph nodes was established. The abscess was lanced, and drained using submandibular approach. 18 ml of creamy purulent content was obtained. At the next morning after surgery, the patient felt significant improvement; 1 week follow-up the patient was clinically well. ▪ DTJournal

Pics in Oral & Maxillofacial Surgery
Camilo Mosquera, Editor

Clinical Appearance of Lateral Incisive Canal

Ivan V. Nagorniak



A 59-year-old patient was referred to dental clinic for immediate dental implantation in the area of upper central incisors due to severe periapical lesions which not subjected to endodontic retreatment and periapical surgery. Removal of central incisors and periapical lesions, dental implant placement were performed under local anesthesia with sedation. During the surgery a significant bleeding was noted from a unilateral accessory canal (*asterisk*). In our case, it exited at the palatal aspect of tooth 2.1; its foramen was of oval shape and measured 2.00 × 3.00 mm. In case of that canal`s location it terms lateral incisive canal. Other similar terms can also be applied to describe this rare anatomical structure: accessory canal of the anterior maxilla, lateral incisor canal, and neurovascular variation in anterior palate. Panel clearly demonstrates the axial intraoperative view after bone drilling (*circle*) (preparing a hole for second implant); implant analog (which is used for correct positioning of implant) inserted into socket of tooth 1.1 is indicated by *triangle*. Lateral incisors marked by numbers *1.2* and *2.2*. ▪ DTJournal

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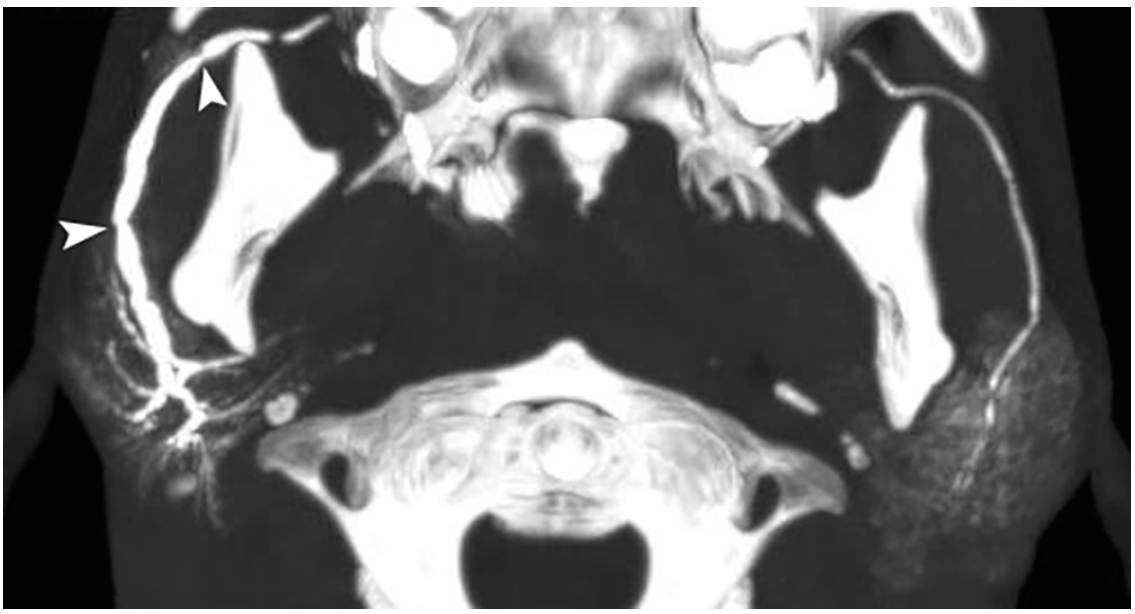
Pics in Oral & Maxillofacial Surgery
Camilo Mosquera, Editor

Unilateral 'Sausaging' of the Stensen`s Duct

Tetiana O. Shamova



A 35-year-old Caucasian lady was referred to Kyiv Regional Clinical Hospital for the sialography due to several year history of recurrent swelling of the right parotid gland. A multi-slice computed tomographic sialography of the both parotid glands was performed. A 1-minute postcontrast axial scan shows a dilated right Stensen`s duct with multiple strictures (*arrowheads*) and dilated intraglandular branches. 'String of sausages' appearance represents the ducts` inflammation and terms sialodochitis. But the signs of sialodochitis can be found in several pathologic conditions, like chronic recurrent parotitis and 'sialodochitis fibrinosa' (synonym: 'Kussmaul disease') and its similar terms 'eosinophilic sialodochitis', 'allergic sialodochitis'. Those terms and others ('sialodochitis with eosinophilic inflammation' and 'idiopathic eosinophilic parotitis') can be used depending on the countries. For proving and establishing a diagnosis of eosinophilic sialodochitis a cytologic analysis of mucus plugs and ultrasound-guided core needle biopsy are needed and those condition habitually represents bilateral involvement of the parotid and submandibular glands. Unilateral 'sausaging' of the main parotid duct is common for chronic recurrent parotitis in adults. While in children a bilateral intraglandular ducts dilatation is usual with no signs of dilatation of the Stensen`s ducts. ▪ DTJournal

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Analytics of Journals & Publishers: Journal Report

Gold Open Access Journal Focused on Head and Neck Surgery: Analysis of Business Model and Level of Article Processing Charges during the First 31 Months of Publishing

Ievgen I. Fesenko

ABSTRACT

Purpose

The goal of our retrospective study was *1)* to analyze the results of a gold open access (OA) business model on the example of 31-month-old journal *Otolaryngology Case Reports* (*OCR*) related with head neck surgery and *2)* to understand 'pro and contra' of this business model.

Materials & Methods

Editorial board, publication history, indexation, and assumed revenue/profit margin were scrupulously investigated. We analyzed the data of articles` portfolio (which included 117 papers) of a gold OA journal focused on head neck surgery, the official journal's and publisher`s website pages. The publication is analyzed from the first to the eleventh volume.

Results

The entire study showed that during 2 years and 7 months of *OCR* existence totally 117 case report articles have been published. The assumed revenue reached 83,550 US dollars (mean revenue, USD 2,695.16 per month) and profit margin is 30,913.50 US dollars (a 37% profit margin was used upon calculation, as the official data reported by Elsevier`s for its OA products). The editorial board, abstracting and indexation are analyzed, and the 31-month publication history compared with a 33-month history of another gold OA journal *Oral and Maxillofacial Surgery Cases*. Conclusions about 31-month *OCR* publishing results are presented.

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Before launching a new journal in the field of oral and maxillofacial surgery or head neck surgery the initiative team of editors or surgical community/ institution has a great need to understand not only a scientific aspect of journal`s life but a financial one as well for it can be another key to successful existence and growth of a new publication. Five types of the financial-aspect proposals from publishers to the researchers can be found (Boukacem-Zeghmouri et al,[1] 2018):

1. Closed journals[2] with traditional subscription model (eg, *Microsurgery*).
2. Gold OA journals (eg, *Otolaryngology Case Reports and Oral and Maxillofacial Surgery Cases*).
3. Platinum OA journals also termed gold OA publications that do not receive OA fees from authors (eg, *International Journal of Implant Dentistry*).
4. Gold hybrid journals: combination of toll-access and OA articles. Eg, *1) Oral Surgery, Oral Medicine, Oral Pathology, and Oral Radiology*, *2) Journal of Oral and Maxillofacial Surgery, Medicine, and Pathology*, and *3) Journal of Diagnostics and Treatment of Oral and Maxillofacial Pathology*.
5. Delayed OA journals (eg, *JAMA Otolaryngology–Head & Neck Surgery*). In those types of journals, the articles became OA at the expiry of a set embargo period.[2] Embargo period in *JAMA Otolaryngology–Head & Neck Surgery* for the research papers is 12 months.

Another OA model is a 'green OA'. First, it's hard to understand its difference from gold one. But Elsevier`s describes its main features: *1)* publishing costs are covered by library subscriptions and there is no fee for authors, and *2)* time delay may be applied (*synonym*: embargo period).[3] Laakso and Björk stated that gold and green OA models are not two opposite OA concepts; rather, gold OA plus delayed OA should be contrasted with green OA.[2]

So, the goal of our retrospective study was *1)* to analyze the results of a gold OA business model on the example of 31-month-old journal related with head neck surgery and *2)* to understand pro and contra of this business model.

MATERIALS & METHODS

Editorial board, publication history, indexation, and assumed revenue/profit margin were scrupulously investigated. We analyzed the data of articles` portfolio (which included 117 papers) of gold open access journal *Otolaryngology Case Reports* (*OCR*) focused on head neck surgery, the official journal's and publisher`s website pages. The *OCR* is analyzed from the first to the eleventh volume. Received data have been compared with publication history results of another gold OA journal *Oral and Maxillofacial Surgery Cases* described in study of Robles Cantero et al.[4]

RESULTS

Otolaryngology Case Reports (*OCR*), which was launched in December 2016, belongs to the gold OA journals. The *OCR* is a quarterly online-only publication focusing on case reports in all sections of adult and pediatric otolaryngology.[5, 6] In case of the *OCR*, the publisher avoids dividing published numbers into issues and volumes, and used only the term 'volume.' During 2 years and 7 months of the *OCR* existence, 117 peer-reviewed papers have been published (mean, 10.6 articles per 1 volume) (Table 1). Comparing two full years of *OCR* publication, we obtain that 34 articles in 2017 have been published and 54 articles – in 2018 (Fig 1). This indicates about 59% submissions` growth in a second year of a full year *OCR*`s publishing. Among nine volumes, a sixth`s volume (ie, after 1 year and 6 months from launching) became the journal`s issue with a greatest number of published articles – 21.

At moment of publishing of this article no information was found that the *OCR* journal is listed in the SCImago Journal and Country Rank website, which covers 109 journals which the subcategory 'otorhinolaryngology' in category 'medicine.'[7] It is officially stated, that the journal cannot be added to the SCImago Journal and Country Rank if it`s not included in Scopus database first.[8] Despite the fact that we did not find any information that journal is covered by Scopus, every *OCR*`s author has a record in Scopus preview about each article published in *OSR* and in other journals. For example, an author John C. Simmons has two records[9] in Scopus preview: one about publication in *OCR*,[9] another – in *Laryngoscope*.[11] That record terms 'author stats'

TABLE 1. Number of Published Articles and Volumes in *Otolaryngology Case Reports*.

Years	Volume	Articles
December 2016	1	3
2017	2	11
	3	7
	4	7
	5	9
2018	6	21
	7	10
	8	6
	9	17
6 months of 2019 (from January 01 to July 01)	10	15
	11	11 + one Publisher Note article
Totally	11	117 + one Publisher Note article

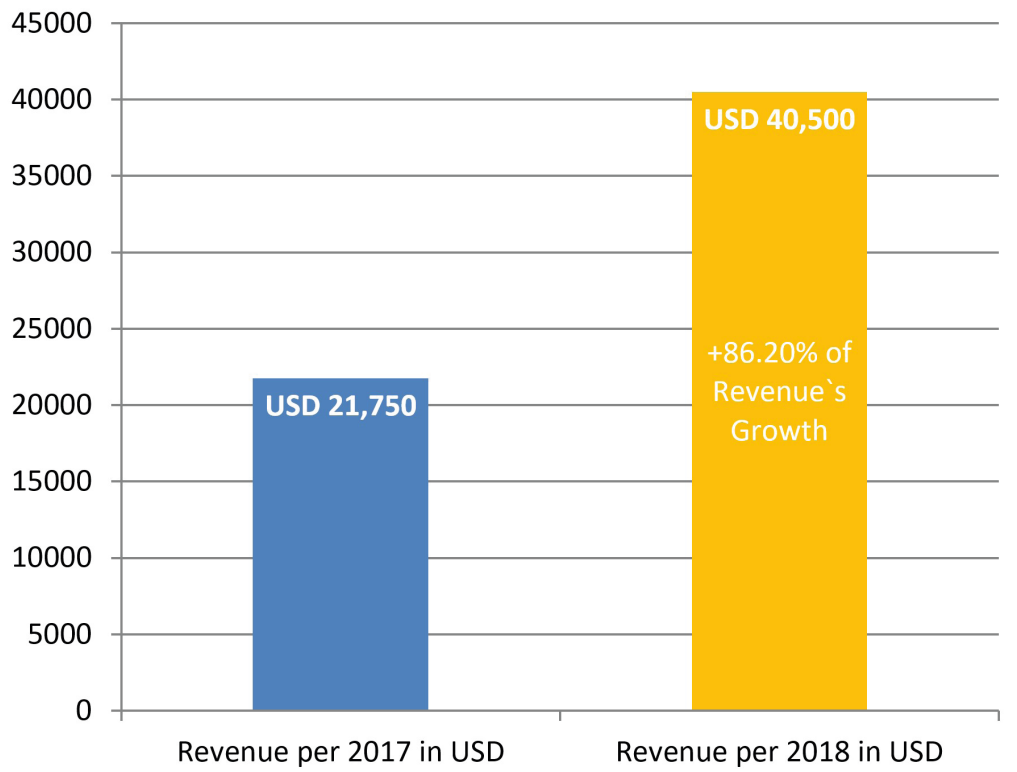

FIGURE 1. Comparison of number of the published article in two consecutive full years of publication: 2017 and 2018.

and the author is benefitted having access to a special dashboard with citation and usage data.[6] "This free service is available to anyone who has published and whose publication is in Scopus," is stated at the official journal`s page.[6] From that phrase we can conclude that every article published in the *OCR* is indexed by Scopus. Nevertheless, to the question "Is this journal indexed in Scopus?" the SCImago Journal and Country Rank website gives an official answer: "All journals included in SJR are indexed in Scopus. Elsevier/Scopus is our data provider, so we cannot add any journal that is not included in Scopus data base."[8] That is why we concluded that *OCR* is not covered by Scopus in general as we did not found the journal's name in the list of 109 journals.[7] So, at the moment of submission of our manuscript to publication, the *OCR* does not have a possibility to be included to SCImago Journal and Country Rank and to receive CiteScore, Source Normalized Impact per Paper (SNIP), and to take a certain quartile (Fig 2) as it`s not indexed by Scopus.[6] The situation when every *OCR* author and his/her publication are indexed by Scopus, but the journal in general is not, looks a bit ambiguous but we report the official data.

TABLE 2. Indexation and Covering of *Otolaryngology Case Reports*.

Abstracting and Indexing		*Otolaryngology Case Reports*
Directory of Open Access Journals (DOAJ) PubMed/MEDLINE		No
PubMed/MEDLINE		No
Google Scholar		No
Scopus	Indexation of *OCR*	No
	Indexation of every *OCR* author	Yes
CiteScore		No
Source Normalized Impact per Paper (SNIP)		No
SCImago Journal Rank (SJR)		No
Quartile according to SJR		No
Web of Science		No
Impact Factor		No

In the first twelve months of publishing (from volume 1 [December 2016] to volume 4 [September 2017]), the article processing charge (APC) was discounted to USD 600 and from December 2017 became USD 750, excluding taxes.[5] So, in case of Elsevier`s indicated level of fee in *OSC*,[6] we can assume that publisher`s revenue during thirty-one months of the publication of 117 articles (Table 1) reached USD 83,550 excluding taxes. Comparison of assumed revenue of different volumes from the moment of launching the journal is presented in Fig 2. Taking into account the data of Van Noorden (2013)[12] that Elsevier`s reported profit margin is 37 percent, the calculated the margin from USD 83,550 (mean revenue, USD 2,695.16 per month) is 30,913.50 US dollars in 2 years and 7 months. Revenue of the first full year of publishing (2017), was assumed in amount of USD 21,750 (Table 3). We used the term *full year of publishing* to describe a year in which all 4 volumes have been published. When the single volume (December) was published, we indicated a year 2016 as *not-full year of publishing*). Mean profit margin in 2017 (upon calculation we used a 37% profit margin, as officially reported data by Elsevier`s for its OA products) reached USD 8,047.50.

Revenue of a second full year of publishing (2018) we astimated in amount of USD 40,500 (Table 3 and Fig 3). Mean profit margin in 2017 (upon calculation we used a 37% profit margin, as officially reported data by Elsevier`s for its OA products) allegedly reached USD 14,985. This clearly demonstrates 86.20 percent revenue`s and profit margin`s growth in the second full year of publication.

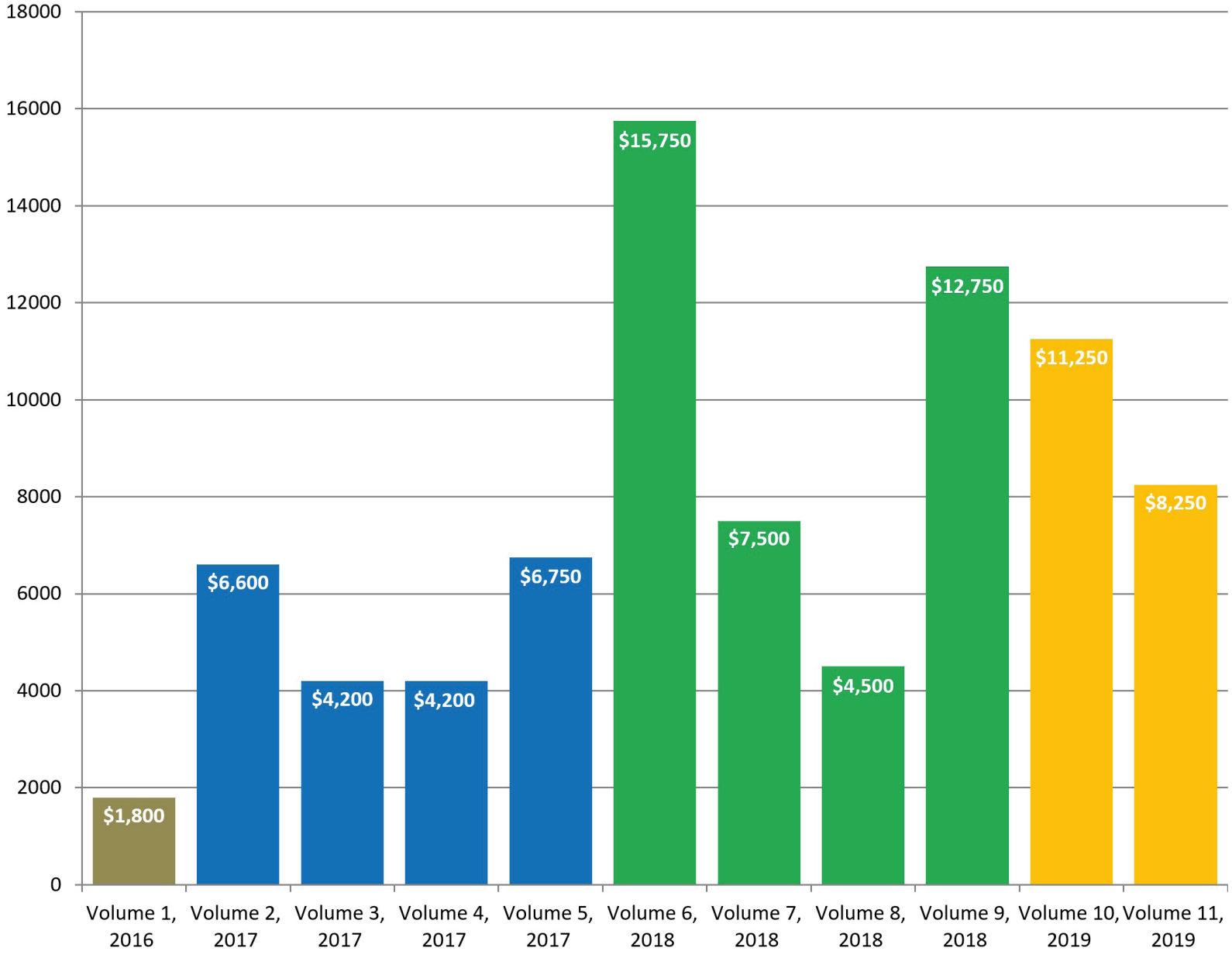

FIGURE 2. Comparison of astimated revenue of 9 volumes from the moment of launching the journal.

To encourage the authors, the publisher gives a possibility for the winners of a special nomination 'Top Article Competition'[13] to get open access fee waiver for the future submission to the *Otolaryngology Case Reports*.[7, 14] The winners were two collectives of authors in the period from September 1, 2017 to February 1, 2018.

TABLE 3. Publisher `s and Journal `s Revenue in 2017 and 2018.

Year	Volume of *Otolaryngology Case Reports*	Number of Articles: *Otolaryngology Case Reports*	Publication Fee Level per Article (in USD, excluding tax)	Revenue per Volume (in USD, excluding tax)
2017	2	11	USD 600	USD 6,600
	3	7	USD 600	USD 4,200
	4	7	USD 600	USD 4,200
	5	9	USD 750	USD 6,750
Total in 2017	4 volumes	34	–	USD 21,750
2018	6	21	USD 750	USD 15,750
	7	10	USD 750	USD 7,500
	8	6	USD 750	USD 4,500
	9	17	USD 750	USD 12,750
Total in 2018	4 volumes	54	–	USD 40,500

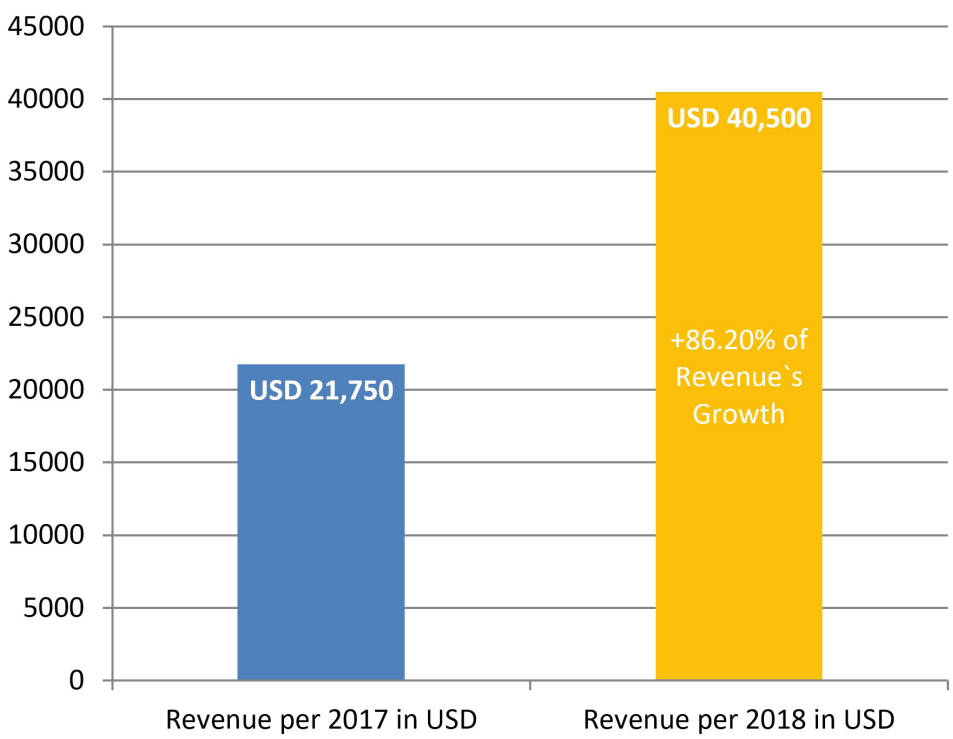

FIGURE 3. Comparing of estimated revenue and its growth during the first two full years of publishing. The *term full year of publishing* is used to describe a year in which all 4 volumes were published. Note, that as in the launching year 2016 only one volume (December) was published we took 2016 as 'not-full year of publishing'.

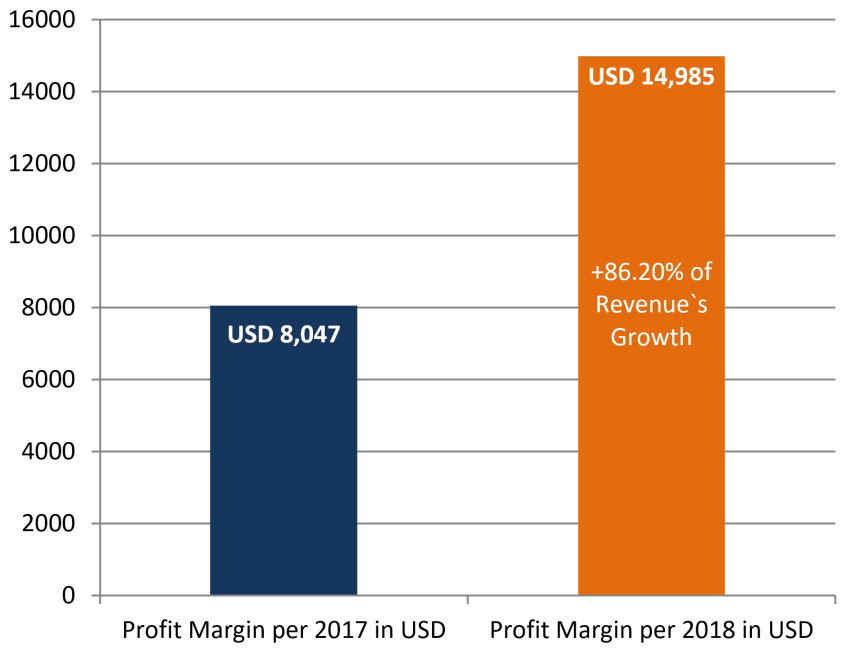

FIGURE 4. Comparison of the estimated profit margins during the first two full years of *OCR*`s publishing.

DISCUSSION

Green in 2019 has concluded that over the seven-year period 2010–2016, the number of new open access publications launched averaged 870 titles per year, and launches further increased in 2016.[15] This statistics and tendency cannot be ignored by publishers and editorial teams before launching a new journal as it indicates a new wide range of possibilities: *1)* for readers – to read without payments, *2)* for authors – to receive a higher citation rate of their works, and *3)* for publishers – to receive income immediately. Among different OA business models,[1] the gold open access journal4 is one of the most popular.[16] Despite the fact that green open access journals prevail,[16] in 2016 the number of published green and gold OA articles almost equalized (according to the European Commission Open Science Monitor calculations using Scopus database).[15] Analysis of a 2.5-year publishing history of gold open-access publication focused on head neck surgery cases gave us an example what number of attracted articles, estimated revenue and profit margin can be reached in case of the *OCR* journal's conditions.

Despite the fact that the *OCR*'s editorial board is 6 persons less (Table 4) than the editorial board of *Oral and Maxillofacial Surgery Cases* journal (17 persons in editorial board),[17, 4] the *OCR* during first 31 month published 117 papers comparing to total 38 articles of *Oral and Maxillofacial Surgery Cases* (*OMSC*) during first 33 months. This is confirmed by the 3.07 times higher result of *OCR* journal in number of published manuscripts. And that, in turn, transforms into significantly greater revenue (estimated revenue after 31 month of *OCR* is USD 83,550 [Table 4 and Fig 5] and revenue after 33 month of publishing of the *OMSC* is USD 19,000 [an official journal`s OA fee in amount of USD 500 was used for calculation][18]). The *OMSC* assumed profit margin is USD 7,030 after 33 months of publication (Fig 6).

One of the main differences in the editorial board of two journals is that *OCR* has 10 associate editors and no editorial board members. Despite the fact that exact role of the associate editor varies from journal to journal,[19] a *Spinal Cord* Nature journal defines the functions of the associate editor as follows: "To make initial decisions about suitability for review and then allocate reviewers and make a final recommendation as to whether a paper is suitable for publication."[20] For example, *Journal of Oral and Maxillofacial Surgery* (print and online publication of Elsevier) has only 1 associate editor position, 11 editorial board members, and 12 international editorial board members;[21] *Plastic and Reconstructive Surgery–Global Open* (online only publication of Wolters Kluwer) has 124 associate editors and doesn't have editorial board members.[22] The overwhelming number of associate

editors with broader functions and responsibilities could theoretically result in higher quantity of attracted and published articles. Unfortunately, no information was found about acceptance rate in both journals, *OCR* and *OMSC*. The role of the association/society in encouraging the submission of manuscripts may be completely excluded, as no information about such community was found in case of *OCR* and *OMSC* (Table 4). As *OCR* is not covered by PubMed, Web of Science, Scopus, and doesn't have an impact factor, it`s impossible to think that these abstracting and indexing databases played some role in attraction the authors of 117 articles. The same can be concluded about absence of official *OCR* pages in Facebook, Instagram, and Twitter.

According to our opinion, such type of motivational competition as 'Top Article Competition'[13] is a useful possibility to attract new authors, to reward those committed, and to expend portfolio of articles. Also, reducing APC to 600 US dollars during the first year can theoretically attract some authors. High world reputation of Elsevier as a publisher, quality of ScienceDirect media platform where journal is based, and authority of the editorial board cannot be ignored when understanding all ways to attract new authors.

TABLE 4. Comparison of Two Gold Open Access Journals: *Otolaryngology Case Reports* and *Oral and Maxillofacial Surgery Cases*.[4]

Data and Criteria		*Otolaryngology Case Reports*	*Oral and Maxillofacial Surgery Cases*
Month and year of launching the journal		December 2016	March 2015
Online/online and print publication		Online only	Online only
Frequency		Quarterly	Quarterly
Language of the journal		English	English
Media platform (publisher)		ScienceDirect (Elsevier)	ScienceDirect (Elsevier)
Composition of the editorial board	Editors in Chief	1	1
	Associate Editors	10	–
	Editorial board members	–	16
	Total	11	17
	Origin	USA: 81.81% Other countries: 18.19%	USA: 100%
Presence of an association/society for which the journal is an official publication/organ		No	No
Official journal`s pages in social media (Facebook, Instagram, and Twitter)		No	No
Period with reduced open access charge		Yes (USD 600 during first year of publishing)	No
Open access charge, excluding tax		USD 750 after the first year of publishing	USD 500
Top Article Competition		Yes (2 articles were attracted)	No
Total number of published articles during the first 31 months of publishing of the *OCR* and 33 months of publishing of the *OMSC*		117	38
Presence of editorials or invited commentaries		No	No
Assumed revenue after the first 31 months of publishing (*OCR*) and 33 months of publishing (*OMSC*)		USD 83,550	USD 19,000
Assumed publisher`s profit margin (with an official claimed profit by Elsevier in 37%)[11] after the first 31 months of publishing of the *OCR* and 33 months of publishing of the *OMSC*		USD 30,913.50	USD 7,030

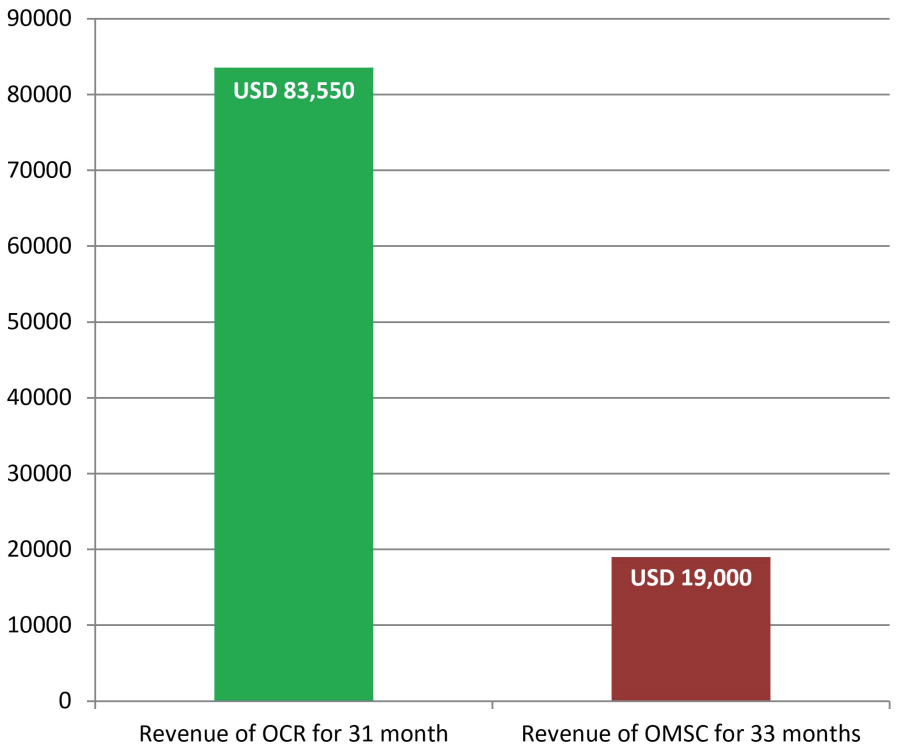

FIGURE 5. Comparing of estimated revenue after the first 31 month of publishing (*OCR*) and 33 months of publishing (*OMSC*)

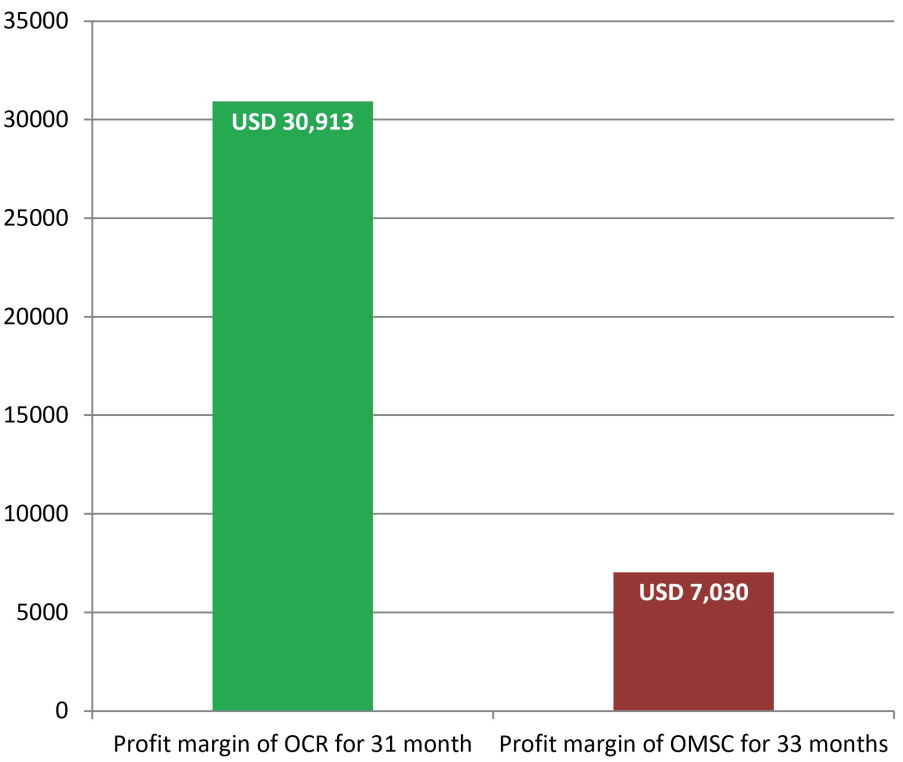

FIGURE 6. Comparing of estimated profit margin (a 37% profit margin was used upon calculation, as officially reported data by Elsevier`s for its OA products) after the first 31 month of publishing (OCR) and 33 months of publishing (OMSC)

From the results of our study we estimated the effectiveness of gold open access business model of the journal focused on head neck surgery during first 2.5-year from launching the online-only journal based on:

1. Precise amount of attracted articles in first and second full years of publishing with a level of OAC in amount of USD 600 (excluding tax) during first full year and USD 750 (excluding tax) during second year.
2. Calculation the estimated revenue and profit margin during each year based on the official information of the publisher.

From the obtained results, a prognostic information is derived for calculation a possible future results and growth's tendencies when planning a launch of new journal with similar conditions.

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Postscriptum Editorial

NEJM: A Role Model Instagram Account for the *DTJournal*

Oleksii O. Tymofieiev[a] & Ievgen I. Fesenko[b]

Being a role model is the most powerful form of educating.
—John R. Wooden
American basketball player and head coach

The New England Journal of Medicine (*NEJM*) 2018 Impact Factor is 70.670.[1] Being a number one journal not only in a category general medicine,[1] the *NEJM* is also leading the medical media-publishing industry by moving its Instagram account. 188K followers reached its official Instagram page (*@nejm*) in 2019 with a total number of 594 posts.[2] The Instagram page complements the journal's media platform which was launched in 1996. In addition to *@nejm* posts focused on research articles, some of the usual *NEJM*`s posts dedicated to Images in Clinical Medicine Section (those types of articles is a 1-page papers, with 1-3 images/video and no references) reached 5,559 likes with 170 comments below;[3] others devoted to quotation from some Perspective article reached 3,860 likes with 24 comments.[4] Instagram Stories function is also actively used by the *NEJM*, posting the Image Challenge cases with a question "Which could it be?" with a function of giving you several choices and the right diagnosis when you 'swipe up for the diagnosis.'

Any result is better understandable when we compare it with success of others. For example, success of the journal is measured by abstracting and indexation in different databases, its impact factor, circulation, as criteria important for authors; and revenue and profit margin, as a critical criteria for a publisher. Success of the journal`s Instagram account can be measured by an official open information (like number of followers, posts, likes, and comments) and private account information (like number of attracted articles, readers, reviewers, and possible partners). The official Instagram account (*@prsjournal*) of number one journal in plastic surgery, *Plastic and Reconstructive Surgery* (2018 Impact Factor 3.946), has 12.5K followers with a total number of 528 video/image posts.[5] An official Instagram account (*@ortho_journal*) of *Orthopedics* (2018 Impact Factor 1.608) has 1.454 followers with a total number of 86 posts.[6]

The significance of the *NEJM*`s Instagram account, as a role model page, is indisputable and should be successfully implemented in *DTJournal*.

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https://dx.doi.org/10.23999/j.dtomp.2019.8.7.

FUTURE EVENTS

2019

18th Meeting of the International Society of Craniofacial Surgery
September 16 – 19, 2019
Paris, France
www.iscfs.org

American Association of Oral and Maxillofacial Surgeons: 101st Annual Meeting, Scientific Sessions and Exhibition (Fig)
September 16 – 21, 2019
Boston, Massachusetts, USA
www.aaoms.org

31st World Congress of the International College for Maxillo-Facial-Surgery (ICMFS)
October 29 – November 01, 2019
Tel Aviv, Israel
www.icmfs2019.com

21st International Congress of the Latin American Association of Bucomaxillofacial Surgery and the Mexican Association of Oral and Maxillofacial Surgery
December 01 – 04, 2019
Cancun, Mexico
www.cialacibu2019.com/en/welcome/

2020

International Symposium on Orthognathic Surgery
April 30 – May 2, 2020
Vienna, Austria
www.iaoms.org/education/vienna2020/registration/registration/

1st ALACIBU & ACOMS International Meeting (1st International Meeting of Latin American Association of Bucomaxillofacial Surgery & American College of Oral & Maxillofacial Surgeons)
June 14 – 17, 2020
Hollywood, Florida, USA
www.acomsalacibu2020.com

25th Congress of the European Association for Cranio-Maxillo-Facial Surgery
September 15 – 18, 2020
Paris, France
www.eacmfs.org

2021

14th Quadrennial International Facial Nerve Symposium
August, 2021
South Korea
www.internationalfacialnerve.org

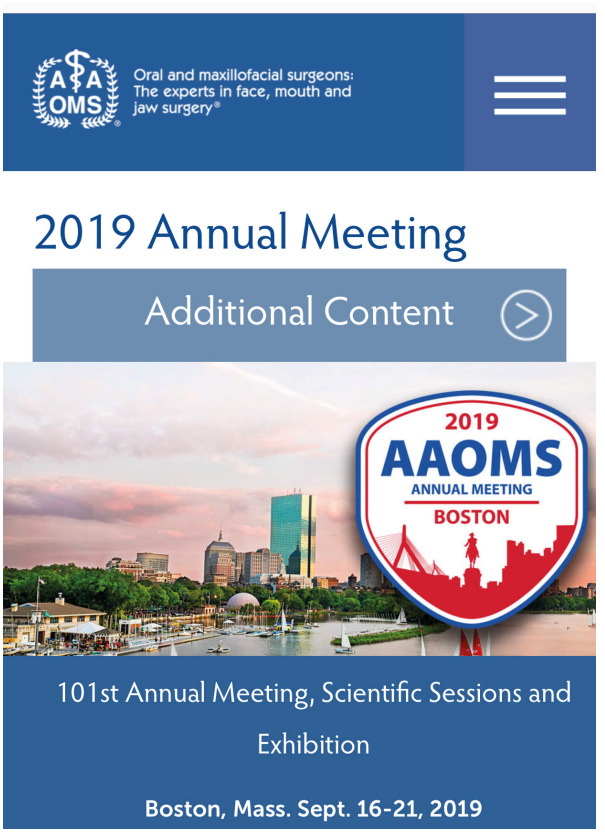

FIGURE. Screenshot from a website www.aaoms.org.

http://dx.doi.org/10.23999/j.dtomp.2019.8.8.
dtjournal.org

http://dx.doi.org/10.23999/j.dtomp.2019.8.9.

Submission of Articles

Papers for the Publication

- guest editorials
- pictures/videos in oral and maxillofacial surgery (it`s a 1-page case without references)
- case reports/case series
- original papers
- surgical/radiological notes
- reviews/discussions of articles from other journals
- reports of new equipment, instruments or technical innovations
- book reviews
- letters to the Editor

Article and Abstracts

Article must be written in English.
The authors from the Russian-speaking countries must send an abstract of the article in Russian. The authors from Ukraine must send an abstract of the article in Ukrainian and Russian.
One co-author is denominated as the corresponding author with all contact details:

- Postal address (ZIP code of a country, City, Street, phone and fax number)
- E-mail address

The abstract should include full title of the article, full names and surnames of the co-authors, affiliation, scien¬tific degree, specialty. Also the abstract should include short information about article content: purpose, material and methods, results, conclusions. Example how the Abstract should be looked like the authors can get from the published articles in current issue.

Figures and Tables

Photographs, CT and MRI images, sonograms should be submitted in original with resolution of at least 300 dpi and saved in JPEG or TIFF file format.

Fundings

The authors should indicate the sources of funding that were allocated for the preparation of the article, if such were the case.

Conflicts of Interest

At the end of the article the authors should specify about conflicts of interest (e.g., no conflict of interest).

Role of Co-authors in Writing

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Acknowledgments

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Example for the PhD/ScD work (dissertation for candidate/doctor of science):
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Please indicate the language of writing in square brackets [Ukrainian] or [Russian].
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Adult improving access to psychological therapies programme. NHS England. Available from URL:

https://www.england.nhs.uk/mental-health/adults/iapt/ (last accessed 3 March **2017**).

McManus S, Meltzer H, Brugha T, et al., editors. Adult psychiatric morbidity in England, 2007: results of a household survey. The NHS Information Centre for health and social care; 2017. Available from URL: http://www.hscic.gov.uk/catalogue/PUB02931/adul-psyc-morb-reshou-sur-eng-2007-rep.pdf (last accessed 3 March **2017**).

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2. http://www.angelinipharma.com/wps/wcm/connect/com/home/Angelini+Pharma+in+the+world/
3. Тимофеев А.А. и др. "Особенности гигиены полости рта для профилактики воспалительных осложнений при переломах нижней челюсти". Современная стоматология 2015;1(75):52–8.
4. 4,5. Tymofieiev O.O. et al"Prevention of inflammatory complications upon surgeries in maxillofacial region". J Diagn Treat Oral Maxillofac Pathol. 2017;1:105–12.

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