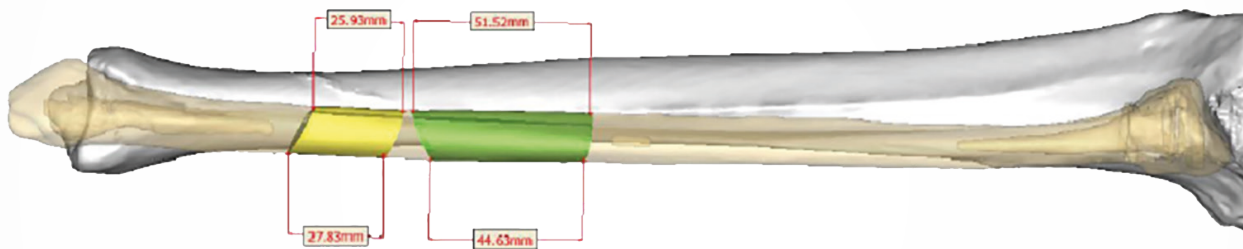


Journal of

DIAGNOSTICS & TREATMENT

of Oral & Maxillofacial Pathology

7²⁰¹⁹



**31st World Congress
of the International College for
Maxillo-Facial-Surgery**

In Conjunction with the **Annual Conference of the
Israeli Association for Oral and Maxillofacial Surgery**

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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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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 ($\geq 1/10$); common ($\geq 1/100$ to $<1/10$); uncommon ($\geq 1/1,000$ to $<1/100$); rare ($\geq 1/10,000$ 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 a January 2019 the *Journal* became a monthly publication. Taking into account that individuals or institutions who have already subscribed 4 Issues (in 2019) or will subscribe the *Journal* in 2019 will receive additional 8 Issues free of charge.

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.

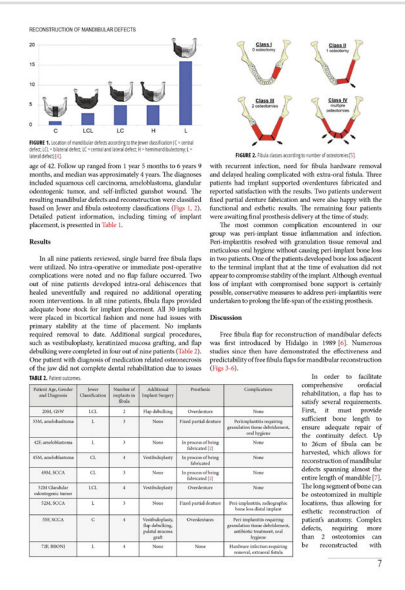
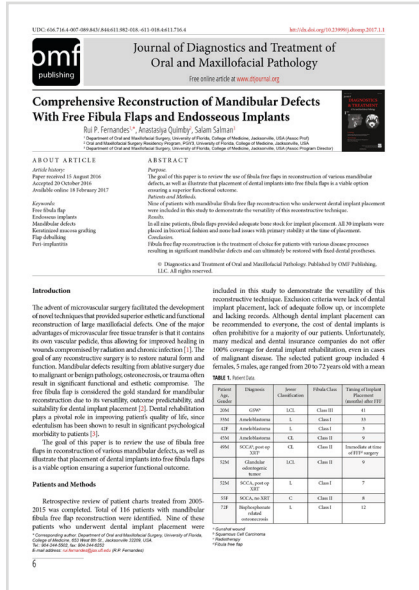
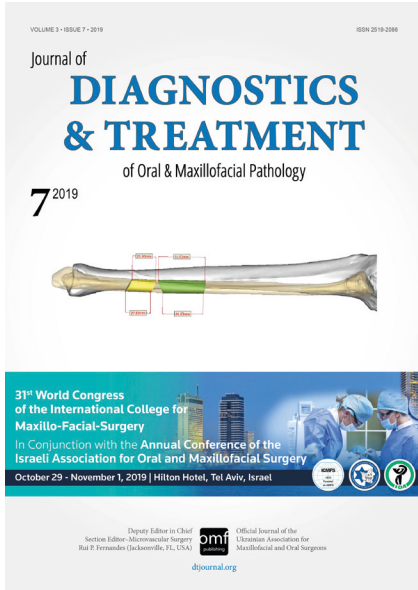
Issues	Fee
4 issues in 2019 (March, June, September, December)	USD \$6 ⁹² (UAH 195 ⁵⁰) per 1 issue
12 issues in 2020	USD \$3 ⁷³ (UAH 97) per 1 issue

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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.

31st World Congress of the International College for Maxillo-Facial-Surgery

In Conjunction with the Annual Conference of the
Israeli Association for Oral and Maxillofacial Surgery

October 29 - November 1, 2019 | Hilton Hotel, Tel Aviv, Israel



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

The New England Journal of Medicine: Images in Clinical Medicine: A Role Model Section for DTJournal

Oleksii O. Tymofieiev^a & Rui P. Fernandes^b

Innovation is taking two things that already exist and putting them together in a new way.

—Tom E. Freston

American entertainment industry executive

The *New England Journal of Medicine* (NEJM) from a previous *DTJournal*'s editorial became for us a role model not only as a perfect example how the Editorial Fellowship¹ should be organized but also motivate us to launch a new Section – Similar to Images in Clinical Medicine² we are starting a Section Pics in Oral & Maxillofacial Surgery.³

Advantages of that Section according to our opinion are: 1) one-page publication, 2) it includes short description (in average, 161 words) of clinical condition, treatment, follow-up (what reduces an author's time), 3) have one², two⁴, or three⁵ images, and, sometimes, a supplemental video,⁶ 4) images have no description below as they have in-text descriptions (what a brilliant idea from *NEJM*'s staff), 5) have no references (what increases as well the speed of article's writing, decreases time and cost of lay-out), and 6) can be indexed in PubMed/MEDLINE similar to research and reports papers, etc.

In conclusion, we are thrilled to introduce you a founding section's editor Dr. Camilo Mosquera from Bogotá. Who's made a strong impact in *DTJournal* with his Columbian colleagues presenting a delightful article dedicated to paragonimiasis.⁷

REFERENCES

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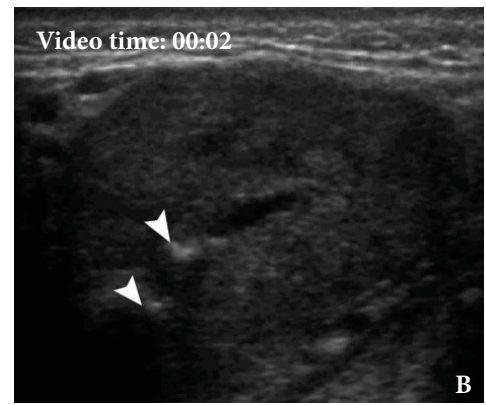
<https://dx.doi.org/10.23999/j.dtmp.2019.7.1>.
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Pics in Oral & Maxillofacial Surgery + Video
Camilo Mosquera, Editor

How Multiple the Submandibular Gland Sialoliths Can Be?

Valentyn H. Demidov^a & Oksana V. Ripolovska^b

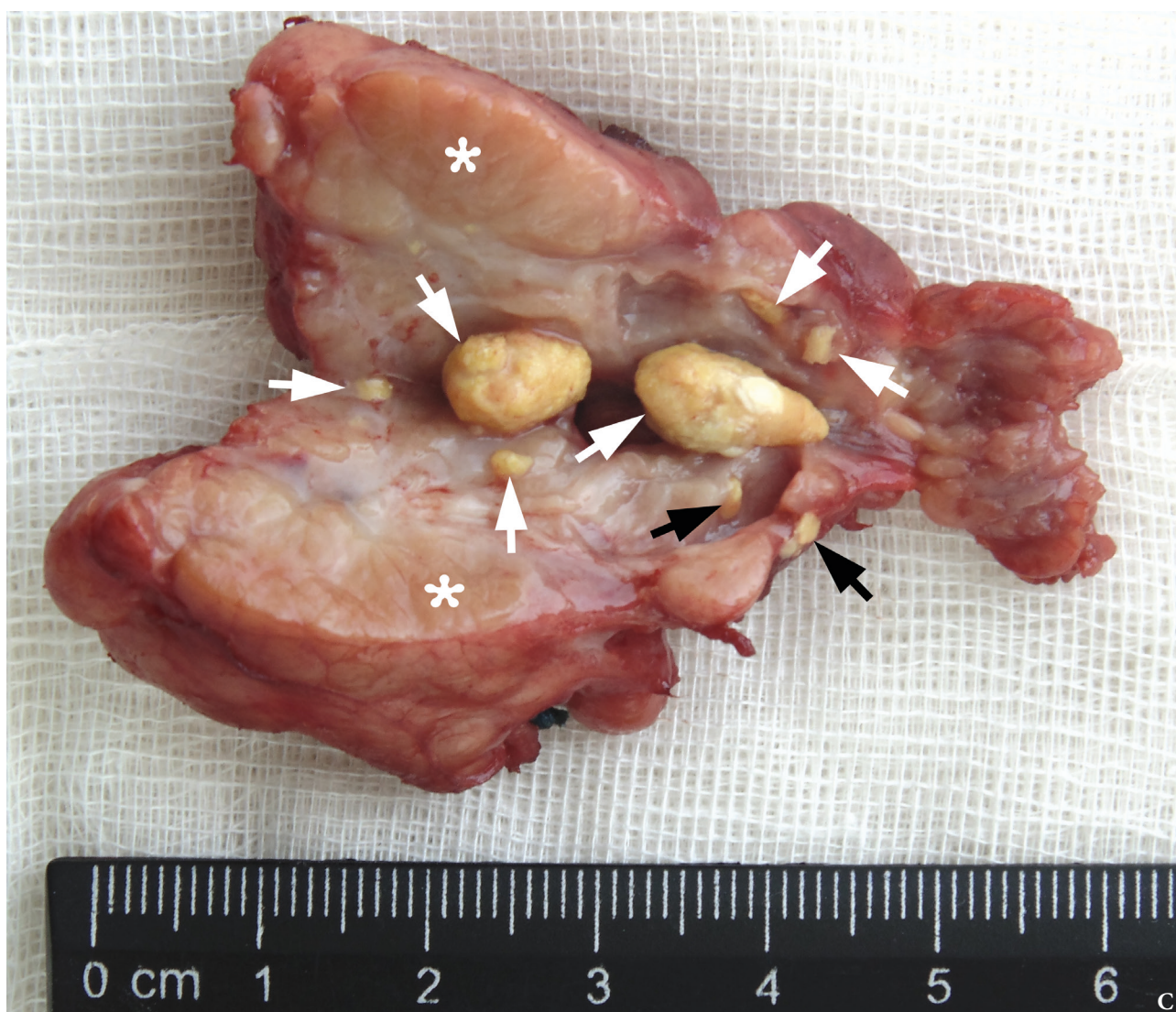


QR code leads to that video at
DTJournal's YouTube channel
Videos *DTJournal*

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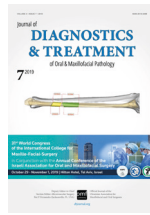
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A 52-year-old man presented to the Maxillofacial Surgery Department of Kyiv Regional Clinical Hospital with a several-year history of swelling in the right submandibular area and salivary colic during exacerbation. A physical examination showed significantly enlarged and firm right submandibular gland (Panel A, *arrow*). The gland was permanently increased in size during last months. Ultrasound (Panel B – Video) shows dilated intraglandular ducts and multiple sialoliths (*arrowheads*), which visualized as hyperechoic bodies with artifact of acoustic

shadowing). Replacement of glandular tissue with fibrous one was also noted. The patient underwent a complete gland removal and 8 different sized salivary stones have been found in the intraglandular duct system of the specimen (Panel C, *arrows* indicate sialoliths, and a fibrous tissue is indicated by *asterisks*). Two stones reached 8 and 10 mm in longitudinal size, and six another sialoliths measured no more than 3 mm. The two microsialoliths, with less than 1 mm in size, were also found. At follow up 6 months after the surgery no complaints were noted. ■ DTJournal



Analytics of Journals and Publishers

Comparison of Article Processing Fees on Open Access Journals with a 4.5-Year History of Publishing

Daniel Robles Cantero^a, Zinaida Y. Zhegulovych^b, Ivan V. Nagorniak^{c,*}, & Ievgen I. Fesenko^{d,*}

SUMMARY/INTRODUCTION

Open access article (*synonym*: open access publication) is a type of peer-reviewed article which gives a possibility to the readers to read and download it free of charge owing to paying an open access publication fee (OAPF) directly by its authors, their institutions, or funders.¹ According to Solomon and Björk's study, who analyzed about 1,370 journals, article processing charges range from 8 to 3,900 US Dollars.^{1, 2} Moreover, the official Elsevier's page dedicated to the list of all company's open access journals indicated that an article processing charge can reach 6,000 US Dollars excluding tax.³ First publishing houses that supported and develop open access journals have been two new academic publishers – BioMed Central (BMC) and Public Library of Science (PLOS).¹ In 2000,

they began establishing journals that rely on open access publication fee.¹ Most motivation criteria for the authors from the fields of oral and maxillofacial surgery, periodontics in choosing to what peer-reviewed journal submit their paper may be classified under three chief groups: 1) indexing and abstracting in different recognized data bases (PubMed/Medline,⁴ Scopus, Web of Science, etc.), 2) an impact metric,⁵ and 3) an amount of the article processing charge. First two motivation criteria are precisely described in recent publications but the last one – open access publication fee and its amount – should be investigated more scrupulously.^{4, 5} There is a great need to analyze the advantages and disadvantages of OAPF both for authors and editorial staff/publishers. This is the aim of this study in order to understand the advantages and disadvantages the payment

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methods. For the purpose of comparative analysis we selected two peer-reviewed journals according to the following inclusion criteria:

1. Gold open access publication (gold hybrid or delayed open access journals were excluded during selection).
2. Similar term of publication history – about 5 years (similar starting point allows comparing the peer-reviewed journals more precise).
3. Journals focused on oral surgery.
4. Different ways of receiving article processing charges after the submission of manuscripts.
5. English, as language of publications.

Analyses was performed on the publishing statistics, abstracting and indexation of the journals as important characteristics of the ways of growth of both peer-reviewed publications.

MATERIALS & METHODS

Two journals were selected, the *Oral and Maxillofacial Surgery Cases* and *International Journal of Implant Dentistry*. For analysis, we have compared: 1) presentation forms of the journals: print and electronic, 2) media platforms of the publishers, 3) editorial boards, 4) portfolio of the articles, 5) publication frequency, systematization on issues and volumes, 6) comparison of abstracting and indexing of the journals, and 7) article processing charges. We performed analysis using open data from websites of the journals and the publishers.

JOURNALS' PRESENTATION

Oral and Maxillofacial Surgery Cases is an English-language online-only open access journal focused on publishing case reports and case series in the field of oral and maxillofacial surgery.⁶ The journal's first issue was published by Elsevier company in March 2015 and included 4 case report articles showing an international approach the publications' origin. The first issue had authors from Canada, USA, Ghana, and Sweden.⁷⁻¹⁰ During 4.5 years of journal's growth the total amount of published articles reached 97 peer-reviewed publications (Table 1). The strongest

was 2018 when totally 31 articles were published in the journal under guidance of 17 members of editorial board (Table 2). The OAPF for the authors of *Oral and Maxillofacial Surgery Cases* is 500 US dollars. That is \$160 less than the average per-article charge for open-access publishers in 2011 when it was \$660.² The journal is covered from 2015 by Elsevier's Scopus database (Fig 1).¹¹ According to the SCImago Journal Rank of 2018 (Table 3), the journal *Oral and Maxillofacial Surgery Cases* is thirty-fifth place among 47 journals in the category 'oral surgery', and seventy-eight place among 109 journals in the category 'otorhinolaryngology'. The journal's CiteScore in 2018 was 0.41, Source Normalized Impact per Paper (SNIP) 0.719, and SCImago Journal Rank – 0.208.^{11, 12} All issues of this quarterly journal are included in the Directory of Open Access Journals (DOAJ).¹³ For *Oral and Maxillofacial Surgery Cases* Elsevier has a tool for the authors and readers. At ScienceDirect webpage, the term 'articles in press' (Table 4) means the accepted, peer-reviewed papers that are not yet assigned to issues/volumes, but are citable using digital object identifier (DOI).¹⁴ Generally, there are 3 types of articles in press: accepted manuscripts, uncorrected proofs, and corrected proofs.¹⁴ Articles in press's tool is similar to Online First Publication tool in some Springer's journals.

International Journal of Implant Dentistry was launched in December 2015 by the collaborative efforts of German Association of Dental Implantology (in German, Deutsche Gesellschaft für Implantologie – DGI) and the Japanese Society of Oral Implantology (JSOI) on the SpringerOpen platform of the Springer Nature company.¹⁵ It's an online-only (Table 5) peer-reviewed journal focused on implantology. Despite the fact that national languages of those societies are German and Japanese, the journal using the English.^{15- 18} Editors in chief, Hendrik Terheyden and Yoshinobu Maeda, stated that totally more than 20,000 persons are the members of both societies.¹⁹ That fact can impact the journal's growth and popularization. The preconditions that guided the editors before the launch of the new peer-reviewed journal were: 1) implant dentistry as a growing field, 2) quick publishing (no waiting of printing deadlines), 3) open access structure of all articles, 4) rapid spread

TABLE 1. Published Articles per Year.

Years	Number of Articles: <i>Oral and Maxillofacial Surgery Cases</i>	Number of Articles: <i>International Journal of Implant Dentistry</i>
2015	14	26
2016	9	27
2017	21	50
2018	31	41
6 months of 2019 (from Januar 01 to July 01)	22	24
Total	97	168

TABLE 2. Comparison of Number of Editorial Boards` Persons and Countries of Their Origin.

	<i>Oral and Maxillofacial Surgery Cases</i>	<i>International Journal of Implant Dentistry</i>
Editorial Board		
Editors in Chief	1 person	2 persons
Editorial Board members	16 persons	39 persons
Total	17 persons	41 persons
Origin of Editorial Board Members		
Number of Countries	1	18
List of Countries	USA	Japan Germany Canada Brazil Spain Hong Kong, SAR USA Italy Australia South Korea Austria Netherlands South Africa United Kingdom Switzerland Sweden Singapore China

The screenshot shows the Scopus interface for a journal. At the top, there is a navigation bar with links for 'Scopus Preview', 'Author search', 'Sources', 'Help', 'Register', and 'Login'. Below this is a 'Source details' section for the journal 'Oral and Maxillofacial Surgery Cases'. The journal is marked as 'Open Access'. It provides the following information: Scopus coverage years from 2015 to Present, Publisher Elsevier, E-ISSN 2214-5419, and Subject areas in Medicine: Surgery, Medicine: Otorhinolaryngology, and Dentistry: Oral Surgery. A 'View all documents' button is also present. On the right side, there are three summary boxes: CiteScore 2018 (0.41), SJR 2018 (0.208), and SNIP 2018 (0.719). A 'Feedback' link is located at the bottom right of the source details area.

Scopus Preview Author search Sources Help Register Login

Feedback Compare sources

Source details

Oral and Maxillofacial Surgery Cases

Open Access ⓘ

Scopus coverage years: from 2015 to Present

Publisher: Elsevier

E-ISSN: 2214-5419

Subject area: Medicine: Surgery Medicine: Otorhinolaryngology Dentistry: Oral Surgery

View all documents Journal Homepage

CiteScore 2018
0.41

SJR 2018
0.208

SNIP 2018
0.719

FIGURE 1. Cropped screenshot information about *Oral and Maxillofacial Surgery Cases* at official open access Scopus Preview page.¹¹

TABLE 3. Comparison of Covering by the Abstract and Citation Databases, Web-Based Search Systems, and Indexing of the Journals.

Abstracting and Indexing	<i>Oral and Maxillofacial Surgery Cases</i>	<i>International Journal of Implant Dentistry</i>
Directory of Open Access Journals (DOAJ)	Included ¹³	Included ¹³
PubMed/MEDLINE	–	Included to PubMed ²⁶ (Fig 2)
Google Scholar	–	–
Scopus	Covered from 2015 to Present ¹¹ (Fig 1)	–
CiteScore	0.41	–
Source Normalized Impact per Paper (SNIP)	0.719	–
SCImago Journal Rank (SJR)	0.208	–
Quartile according to SJR	Third quartile (Q3)	–
Web of Science	–	–
Impact Factor	–	–

TABLE 4. Articles in Press (Elsevier)/Online First Publication (Springer Nature) Options.

Options of the Publishers	<i>Oral and Maxillofacial Surgery Cases</i> (Elsevier)	<i>International Journal of Implant Dentistry</i> (Springer Nature)
Articles in Press (Elsevier)/ Online First Publication (Springer Nature)	Yes	No

TABLE 5. Comparison of Types of Publishing: Print and Electronic.

Versions of the Publication	<i>Oral and Maxillofacial Surgery Cases</i>	<i>International Journal of Implant Dentistry</i>
Print version	No	No
Online (electronic) version	Yes	Yes

of information, and 5) publishing fees are granted by the association and society (Table 6).¹⁵ The journal and publisher (Springer company) using SpringerOpen platform¹⁵ had published 7 articles during the first quarter of 2015. First issue had authors from Germany, Japan, USA, Sweden, India, and Netherlands.²⁰⁻²⁵ The articles are published every month, and they are published as they are prepared (Table 7). The most robust year in development was

2017 when 50 articles have been published (Table 1). After inclusion in DOAJ,¹³ covered by PubMed²⁶ (Fig 2), the journal increased its attractiveness for authors (Table 3).⁴ Three main editorial board's differences comparing *Oral and Maxillofacial Surgery Cases* with *International Journal of Implant Dentistry* are 1) two editors in chief (Tables 2), 2) two-times more members, and 3) members are from eighteen countries.

TABLE 6. Comparison of Publication Payment Methods in Two Open Access Journals.^{6,15}

Criteria for Comparison	<i>Oral and Maxillofacial Surgery Cases</i>	<i>International Journal of Implant Dentistry</i>
Publisher's Name	Elsevier	Springer Nature
Type of Access to Articles	Open Access	Open Access
Publication Fee	US\$500 (excluding tax)	Absent. Fee is covered by two affiliated societies: <ul style="list-style-type: none"> • German Society of Oral Implantology: In German, Deutsche Gesellschaft für Implantologie (DGI). • Japanese Society of Oral Implantology (JSOI): In Japanese, Nihon Kōkū Inpuranto Gakkai.

TABLE 7. Publication Frequency, Systematization on Issues and Volumes.

Criteria for Comparison	<i>Oral and Maxillofacial Surgery Cases</i>	<i>International Journal of Implant Dentistry</i>
Publication Frequency	Quarterly: articles are published every 3 months.	Monthly: articles are published every month; they are published as they are prepared.
Systematization on Issues and Volumes	Each article received a number and is assigned an affiliation to a particular issue (number) in the volume. Example: Khanifama P, Pullisaarb H, Rischeimc H. Local facial atrophy and permanent anesthesia of right upper lip following subcutaneous extrusion of chlorhexidine digluconate. <i>Oral Maxillofac Surg Cases</i> 2019;5(1):100087. Whereas, '5' is a volume, '1' is an issue, and '100087' is an article's number.	Each article received a number and is assigned an affiliation only to the particular volume. Example: Gnigou M, Goutzanis L, Sarivalasis S, Petsinis V. Retrieval of displaced implants inside the maxillary sinus: two case reports and a short review. <i>Int J Implant Dent</i> 2019;5:24. Whereas, '5' is a volume and '24' is an article's number.

NCBI Resources How To

NLM Catalog NLM Catalog "Int J Implant Dent"[Title Abbreviation]
 Create alert Advanced

Full

International journal of implant dentistry

Author(s): Deutsche Gesellschaft für Implantologie
 Nihon Kōkū Inpuranto Gakkai

NLM Title Abbreviation: Int J Implant Dent

ISO Abbreviation: Int J Implant Dent

Title(s): International journal of implant dentistry.

Publication Start Year: 2015

Country of Publication: Germany

Publisher: Heidelberg : Springer, [2015]-

Description: 1 online resource

Language: English

ISSN: 2198-4034 (Electronic)
 2198-4034 (Linking)

LCCN: 2016247765

Electronic Links: <http://www.ncbi.nlm.nih.gov/pmc/journals/3049/>
<https://link.springer.com/journal/40729>

In: PubMed: v1, 2015-
 PMC

Current Indexing Status: Not currently indexed for MEDLINE.

MeSH: Dental Implantation*
 Dental Implants
 Dentistry*

FIGURE 2. Cropped screenshot information from catalog page of *International Journal of Implant Dentistry* at National Library of Medicine (NLM) website.²⁵

DISCUSSION

Better understanding of every step of the journals' growth is possible by analyzing journals' results in including to the different citation and abstract databases. Those databases are playing a crucial role in the struggle of editorial staff to attract more authors, to reduce acceptance rate and to achieve an increase of the impact factor in result.²⁷⁻²⁹

This paper presents a comparative study of *Oral and Maxillofacial Surgery Cases* and *International Journal of Implant Dentistry*.^{6, 15} Analyzing the example of *International Journal of Implant Dentistry* we can assume that when the journal offers no publication fee it attracts more authors, and that potentially can result in increased number of articles submission. Second hypothesis: abstracting in PubMed/MEDLINE plays a crucial role for authors in choosing the "right" journal for submission.^{4, 30} That step potentially will bring the authors' paper to the advantageous position in the global market of published articles. A larger number of published articles in *International Journal of Implant Dentistry* comparing to *Oral and Maxillofacial Surgery Cases* can be an argument of our assumption. This theory can be considered valid by the June's editorial of *Ophthalmology Retina* editor Andrew Schachat.⁴ He considers that the question "Is the journal included to PubMed?" will be among the first and the most persistent question.⁴ We can say the same, taking into account the 2.5-year editorial office experience in *Journal of Diagnostics and Treatment of Oral and Maxillofacial Pathology* for a question about covering by PubMed being the top question among authors from Australia, Brazil, and India prior to submission. Similarly, editors of *Plastic and Reconstructive Surgery-Global Open* insist that being indexed in PubMed is a huge milestone for their relatively new sister journal.³⁰ From the moment of being covered by PubMed their journal became more discoverable and visible.³⁰ We understand that efforts of the editorial board members and editors should be also measured, but many of the efforts belong to the subjective criteria and we can measure only superficial layer of official open data (Tables 1-7 and Figs 1, 2). Another group of authors can be attracted by the fact that journal is covered by Scopus database^{11, 12} with calculation of CiteScore,³¹

Source Normalized Impact per Paper (SNIP)³² and assigning to the journal a specific position in SCImago Journal Rank^{33, 12} and a certain quartile. In that case, existence of as high OAPF as US\$500 cannot stop authors from submission a manuscript to *Oral and Maxillofacial Surgery Cases*.⁶

As impact factor is still the common requirement in most European medical institutions it also plays a significant role in the decision of authors to what journal to submit the paper.⁵ Nevertheless, in our study we did not find any information whether both journals have an impact factor.^{6, 15}

In conclusion: both journals are online only, English-language open access publications, related with an 'oral surgery' field, and with an internationally diverse portfolio of papers. Both are included to the Directory of Open Access Journals (DOAJ). Their four main differences are: 1) presence of an association/society that is holding the publication as the official journal of the community, 2) journal's inclusion to the different abstracting databases, 3) article processing charge models, and 4) editorial board list. Within the limits of this study, we try to hypothesize the ways of achieving attractiveness by the journals with nearly equal periods of publication. Understanding the diversity of authors' requirements in the search for journals for open access publications, and difficulties in a precise comparison of both journals one cannot unambiguously determine the main driving force of author's choice. All obtained comparative data, on one hand, allow only approximation of the differences in journals' attractiveness, and, on the other hand, allow the precise measurement of steps in the evolution of publications. Taking into account the tendencies in the rapidly changing market of open access journals, further investigations in the field of open access publications and its' attractiveness for authors are strongly recommended.

ROLE OF THE AUTHORS

Daniel Robles Cantero (editing)

Zinaida Y. Zhehulovych (editing)

Ivan V. Nagorniak (concept and design of the paper and material collection)

Ievgen I. Fesenko (concept and design of the paper and writing)

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Parasitic Infection: Case Report

Paragonimiasis with Oral Cavity Colonization: First Case Report

Camilo Mosquera^{a,*}, Lina Rincón^b, Clara Estrada^c, & Julie Franco^d

SUMMARY

The purpose of this case report is to share a new clinical colonization of a zoonosis condition. This is the case of a 39-year-old female patient who presented to the Emergency Department with a *Paragonimus* colonization of oral cavity after consumption of raw crab. This article shows the lab works and clinical challenges that Oral and Maxillo-Facial Surgery Department had to overcome to successfully treat this patient and clearly demonstrates that complete medical record continues to be a fundamental tool for correct targeting towards the diagnosis and treatment of any pathological entity.

Paragonimiasis is a zoonosis caused by adult trematodes of the genus *Paragonimus*. It manifests itself as chronic and limited pathology localized particularly in the lungs and sometimes extension in extra pulmonary sites. The definitive host of these parasites consists of wild carnivorous mammalian varieties, however, humans and domestic animals become infected by eating raw or undercooked crustaceans and shellfish infested by the organism.¹

Although the disease is usually caused when the parasite is located in the lungs, severe symptoms such as diarrhea, abdominal pain, urticaria, eosinophilia, fever and adynamia may develop during the first few weeks of inoculation prior to the onset of pulmonary symptoms such as cough, hemoptysis and chest pain.²

There is very little literature that reports involvement by paragonimiasis in maxillofacial region, and there is no report of oral cavity involvement.³

CASE

A 39-year-old female patient, with no relevant medical history, was admitted to the Emergency Department with a clinical picture of 2 months of evolution consisting of facial edema in the left buccal region associated with sensation of peribuccal tingling, dysarthria and pain; without fever, no secretions or history of dental pain. Physical examination showed normal vital signs and alteration of left buccal contour by indurated mass, without ulcers, painful

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to palpation. The intraoral examination revealed a mass on the left lateral border of the tongue, painful to palpation, without signs of infection. It was considered that lesions were highly suggestive of neoplasia, for which head computed tomography (CT) (Fig 1) and blood lab test were ordered, which showed leukocytosis associated with neutrophilia and high C-reactive protein (CRP) levels (Table 1). Therefore, it was decided to perform an incisional biopsy of the left lateral border of tongue (Fig 2) and left cheek mucosa; abscess in both areas with

secretion brown purulent material was found, also with a small black foreign body (Fig 3) which was sent together with the tissue to histopathological study. Patient was discharged with oral antibiotic regimen and biopsy results were going to be checked in the clinic. The patient was re-admitted to the Emergency Department 3 days after, due to severe pain, edema in the right face (Fig 4) and pleuritic chest pain, vital signs were normal. Consult to Oral and Maxillo-Facial Surgery (OMFS) Department was requested and during patient questioning it was documented



FIGURE 1. Contrast enhanced computed tomography (A, B) shows lesions with inflammatory component in left mental region and left floor of mouth, reactive cervical lymph nodes (*asterisks*). (Fig 1 continued on next page.)



FIGURE 1 (cont'd). Contrast enhanced computed tomography (A, B) shows lesions with inflammatory component in left mental region and left floor of mouth, reactive cervical lymph nodes (*asterisks*).

an exposure antecedent to raw crab consumption 2 months prior to appearance of clinical picture of migratory facial nodules, reason why it was suspected paragonimiasis, therefore antibiotic scheme begun with penicillin + clindamycin; blood test and chest x-ray were also ordered. Lab works showed increased leukocytosis and eosinophilia compared to previous results and previously (Table 2). The chest x-ray (Fig 5) showed left pleural effusion with right basal areas of fibrosis and lamellar atelectasis. The high resolution pulmonary CT scan showed signs of basal pneumonia, and the antibiotic

scheme was escalated to piperacillin/tazobactam. With the new findings, a coproscopy was requested which ruled out the presence of intestinal parasites in sample; It was decided to start praziquantel (600mg every 8 hours), however, it was not possible to administer the drug immediately due to lack of availability in the country, therefore, albendazole was started on the day while the praziquantel drug was being obtained. Before antiparasitic onset, a significant increase of leukocytosis and eosinophilia levels was observed that were slightly stabilized during the management with albendazole.

TABLE 1. Admission laboratories.

Tests	Results	Units
White blood cells (WBC)	18,500*	μL
Neutrophils	13,810*	μL
Lymphocytes	3,380	μL
Monocytes	910	μL
Basophils	40	μL
Eosinophils	410	μL
Hemoglobin	14.5	g/dL
Hematocrit	43.1	%
Mean corpuscular volume (MCV)	91.8	fL
Mean corpuscular hemoglobin (MCH)	30.9	pg
Platelets	598,000	μL
C-reactive protein (CRP)	10.75	mg/dL
Blood urea nitrogen (BUN)	9.15	mg/dL
Creatinine	0.6	mg/dL

Abbreviations: μL, microliters; g, grams; dL, deciliters; fL, femtoliters; pg, picograms; mg, milligrams.

* *Superscript asterisk* indicates about increased rates.

TABLE 2. Readmission to Emergency Room.

Tests	Results	Units
White blood cells (WBC)	23,580*	μL
Neutrophils	9,360	μL
Lymphocytes	4,13	μL
Monocytes	940	μL
Basophils	50	μL
Eosinophils	9,100*	μL
Hemoglobin	13.3	g/dL
Hematocrit	39.5	%
Mean corpuscular volume (MCV)	92.4	fL
Mean corpuscular hemoglobin (MCH)	31.1	pg
Platelets	567,000	μL
Blood urea nitrogen (BUN)	9.47	mg/dL
Creatinine	0.7	mg/dL

Abbreviations: μL, microliters; g, grams; dL, deciliters; fL, femtoliters; pg, picograms; mg, milligrams.

* *Superscript asterisk* indicates about increased rates.

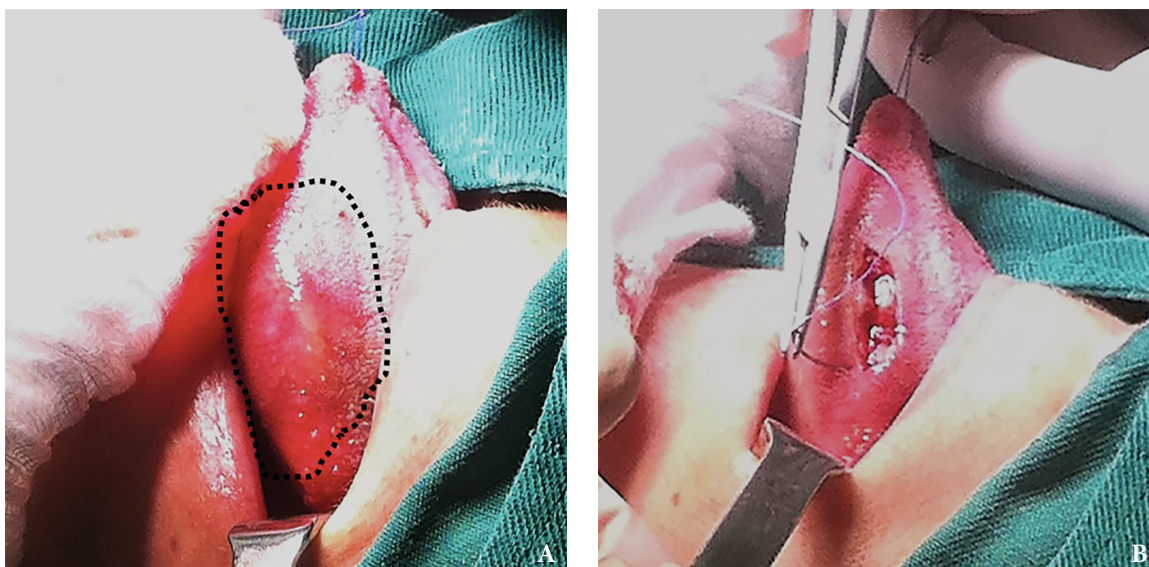


FIGURE 2. Intraoperative pictures of the left lateral tongue's biopsy: **A**, black dots indicates the biopsy's area; **B**, suturing.

Pathologic report was received indicating chronic inflammatory process with high leukocyte infiltrate and foreign body corresponding to adult form with degenerative changes of a *Paragonimus westermani* (Fig 6) confirming diagnosis of paragonimiasis with colonization in the oral cavity. Two weeks later, praziquantel was obtained and 600mg oral doses were initiated every 8 hours in a 3-day regimen. The day after, the patient showed significant improvement in general conditions with decreased facial edema and

no respiratory symptoms. Control labs evidenced decrease of leukocytosis and eosinophilia with complete resolution at the end of the anti-parasitic scheme, reason why medical discharge was given two days later. The patient attended 1 month after to control appointment with laboratories that showed normal values and clinical examination revealed total resolution of facial edema (Fig 7). Control chest x-ray showed partial resolution of pleural effusion (Fig 5C).

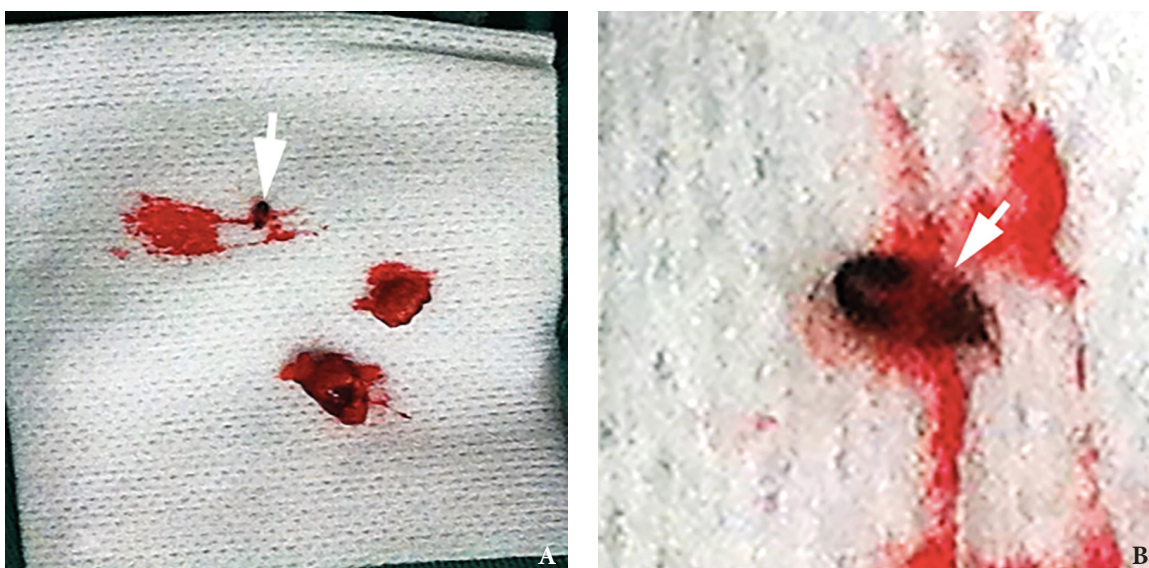


FIGURE 3. Clinical pictures of specimens obtained with left lateral tongue (**A**, **B**: image **B** is an enlarged image **A**) and left cheek mucosa (**C**, **D**: image **D** is an enlarged image **C**) biopsy. Black foreign bodies are indicated by arrows. (FIGURE 3 continued on next page.)

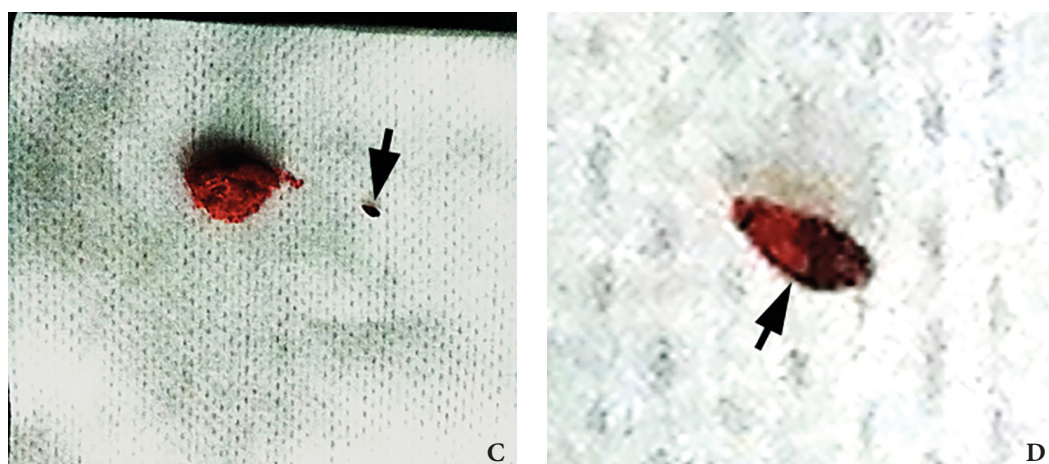


FIGURE 3 (cont'd). Clinical pictures of specimens obtained with left lateral tongue (**A, B**: image **B** is an enlarged image **A**) and left cheek mucosa (**C, D**: image **D** is an enlarged image **C**) biopsy. Black foreign bodies are indicated by *arrows*.



FIGURE 4. Patient showing important swelling of right hemiface (*arrow*) and left mental zone (*arrowhead*).

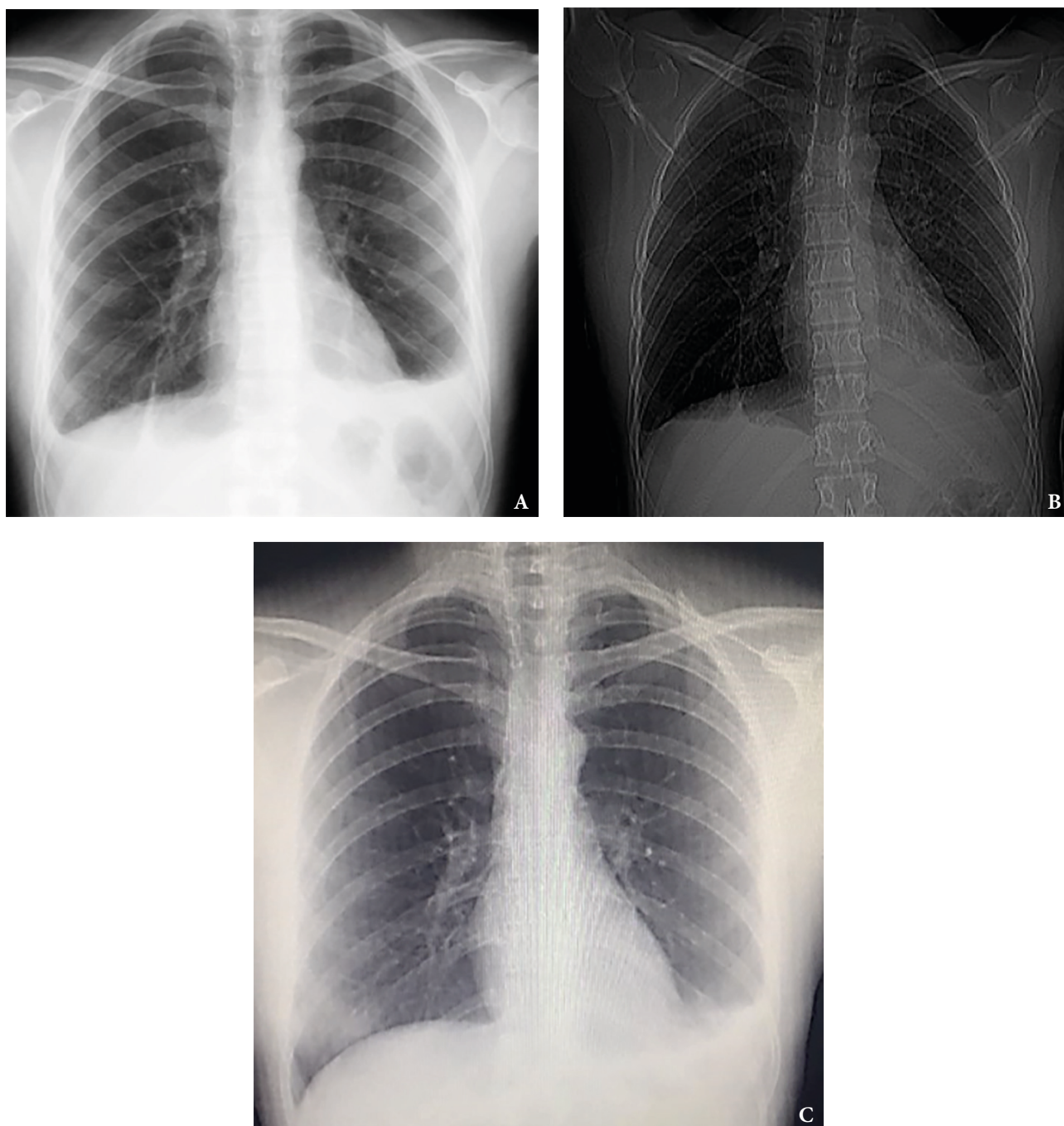


FIGURE 5. Chronologic follow-up (A, initial x-ray; B, x-ray upon treatment) of chest x-rays showing pleural effusion and its resolution 1 month post-op (C).

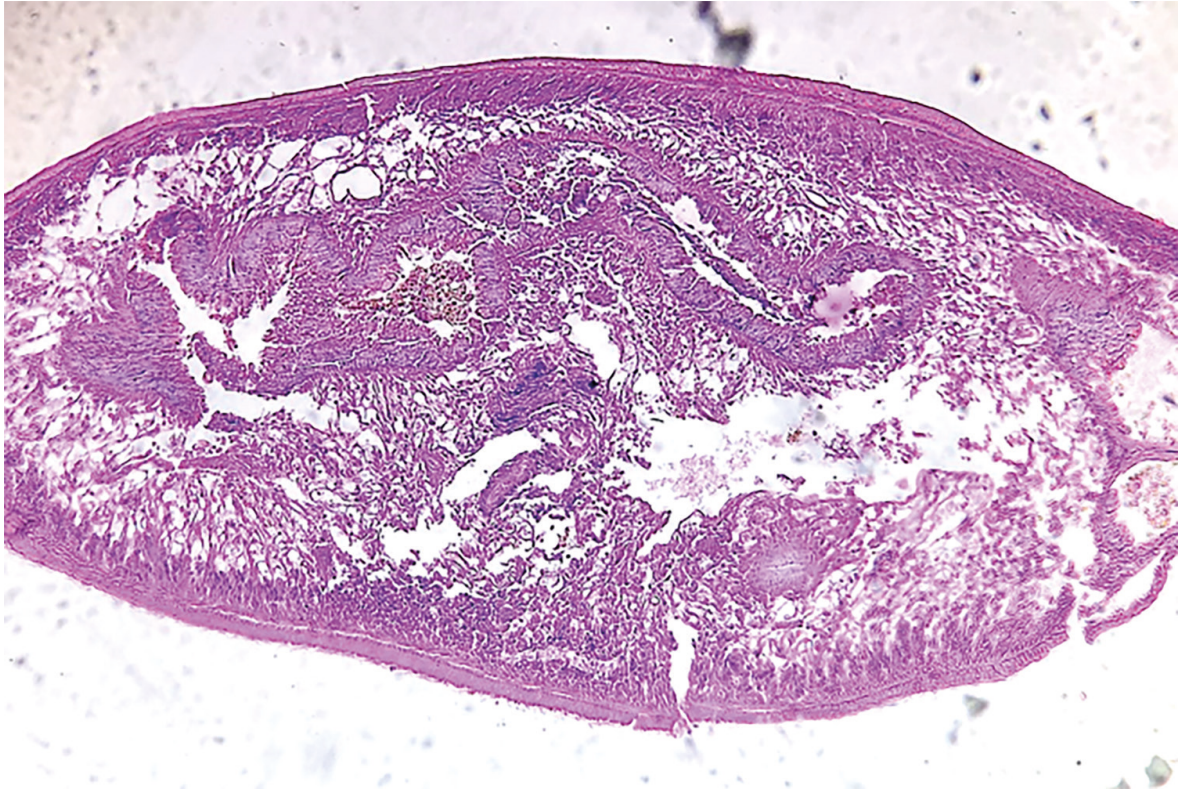


FIGURE 6. Microscopic image of foreign body corresponding to adult form of *Paragonimus westermani* (hematoxylin-eosin stain, original magnification $\times 100$).

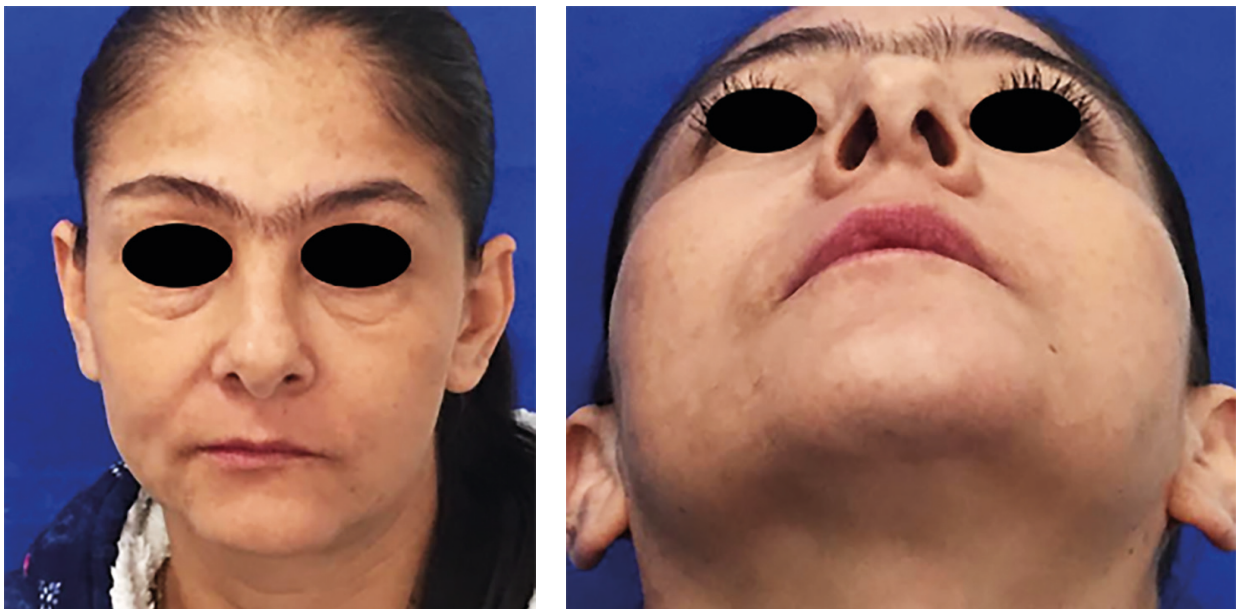


FIGURE 7. 1 month post-op after medical management with praziquantel showing no facial swelling.

DISCUSSION

Paragonimiasis is a zoonosis described by Braun in 1899, caused by adult trematodes of *Paragonimus* genus that manifests itself as pathology located particularly in lungs and other extra pulmonary sites. Since its discovery, more than 40 species of microorganism have been reported in Asia, Africa and America, areas considered endemic especially in tropical areas.⁴

LIFECYCLE

Paragonimus westermani, considered the parasite most related to this pathology, has a life cycle that starts as a larva, initially colonizes the snail where it makes asexual reproduction. The cercariae leave the snail and invade the crustaceans which are consumed in raw or poorly cooked meat by humans. Metacercariae disembark in duodenum and migrate through peritoneum perforating abdominal wall and diaphragm until they locate in lungs parenchyma and form cystic cavities in a process that can take 2 to 8 weeks after contact with the contaminated meat. In some cases parasite locates in other parts of the body such as muscle, subcutaneous tissue, peritoneum, pleura, liver, intestine, testicles and brain.¹ This microorganism is oval shaped flattened by its two faces and can reach a size similar to that of a coffee bean; Is a hermaphrodite parasite that has 2 testicles and 1 ovary; 2 suction cups that allow its adhesion to the tissue walls, an oral cavity and an excretory bladder.

CLINICAL MANIFESTATIONS

The clinical manifestations of paragonimiasis are variable depending on the severity of the infection, including urticaria, diarrhea, adynamia, abdominal pain, cough with expectoration, blood test in free eosinophilia, migratory nodules and abscesses, pleural effusion and hemoptysis, and in case of migration From parasite to central nervous system can show convulsions, hemiplegia and fatal encephalitis.²

DIAGNOSIS

Expositional antecedents of the patient will give us indications to suspect paragonimiasis which can be confirmed by parasitological examinations and

presence of *Paragonimus* in the sample of sputum or feces. Blood laboratories show leukocytosis with eosinophilia.¹

TREATMENT

Management of paragonimiasis is clearly pharmacological and gold standard is praziquantel; An anti-parasitic drug with success rate of 100% for paragonimiasis. This drug acts by increasing permeability to calcium in parasite cell wall causing involuntary contractions that end up rupturing membrane and causing death of the microorganism. The dose of administration is 75mg/kg/day, divided in three doses for 2 to 3 days. It also describes the use of other drugs such as biotinol, an antiparasitic initially used veterinary that has been used for the management of paragonimiasis with success rates ranging from 60 to 80 percent, is considered the second choice for pharmacological management at doses of 40mg/kg for 10 days.

Triclabendazole is useful for paragonimiasis management but presents a 20% success rate at a dose of 20mg/kg and is still under study.⁵ In our case report we show the clinical characteristics of paragonimiasis reported in the literature as the migratory cutaneous nodules in the oral region that started in the left face to later migrate to the right side and mental region; cystic cavities present in lateral border of the tongue and oral mucosa; presence of pleural effusions, respiratory symptoms, eosinophilia and histopathological confirmation of microorganism in samples. During medical management a progressive increase of eosinophilia and persistence of clinical signs during the antibiotic and antiparasitic scheme with albendazole were evidenced, which effectively diminished until resolved in its totality after establishing the appropriate therapy with praziquantel at the dose reported in the literature.

CONCLUSIONS

- Pathologies of tropical endemic areas become diagnostic challenges when they occur in areas of low frequency.
- It is important to analyze the expositional antecedents of patients presenting with infrequent and non-pathognomonic findings.
- The complete medical record continues to be a

fundamental tool for correct targeting towards the diagnosis and treatment of any pathological entity.

- Interdisciplinary communication and management leads to an effective and timely treatment for the patient.
- Documentation of zoonosis with colonization in the oral cavity is important to feed the world literature and allow an efficient diagnosis and efficient management of our patients.

FUNDINGS

No funding was needed.

CONFLICTS OF INTEREST

No conflicts of interest declared.

PATIENT CONSENT

Patient consent was given to publish clinical pictures.

ACKNOWLEDGMENTS

None.

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for 2019-2021

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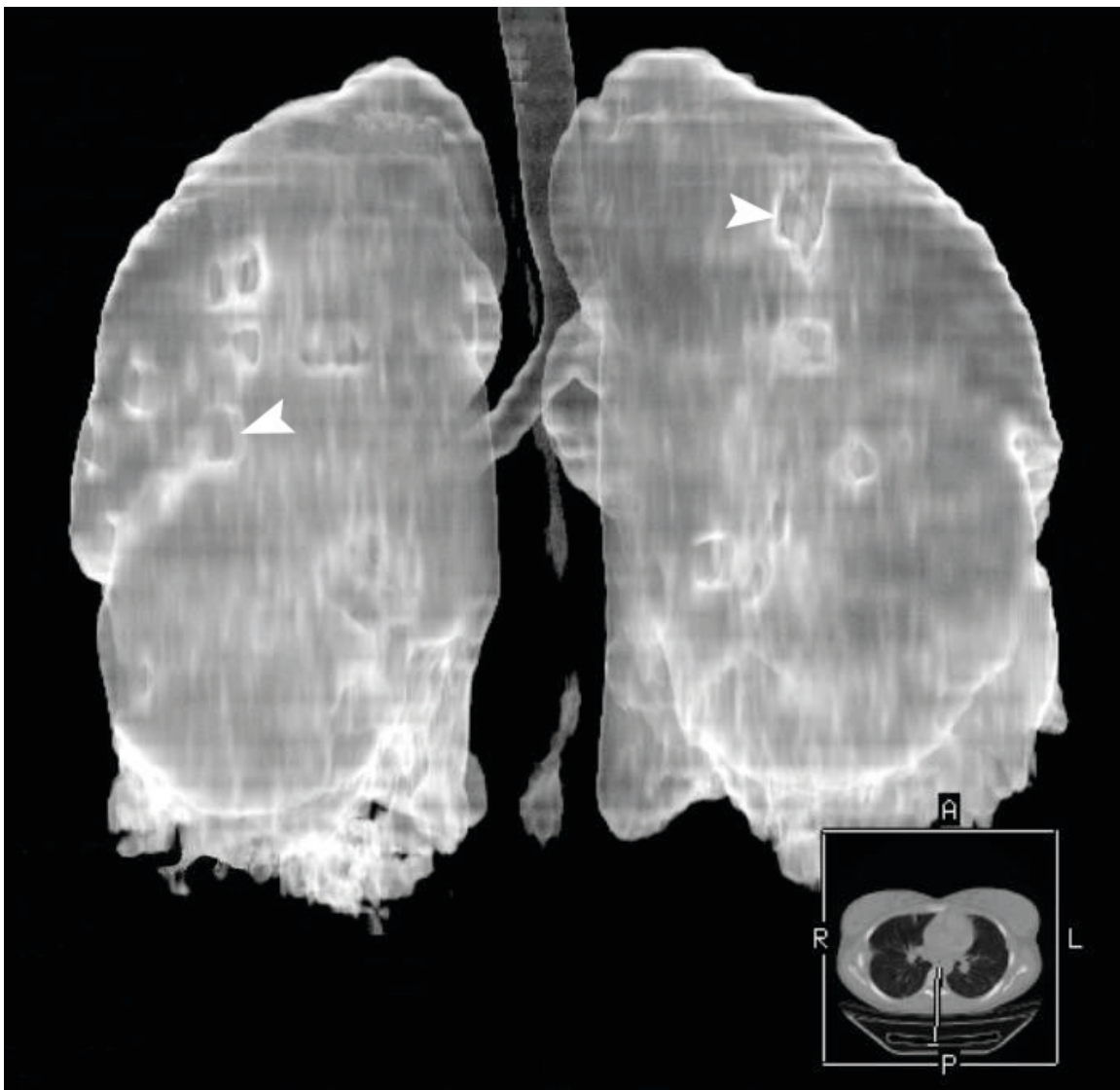
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<http://dx.doi.org/10.23999/j.dtmp.2019.7.7>.

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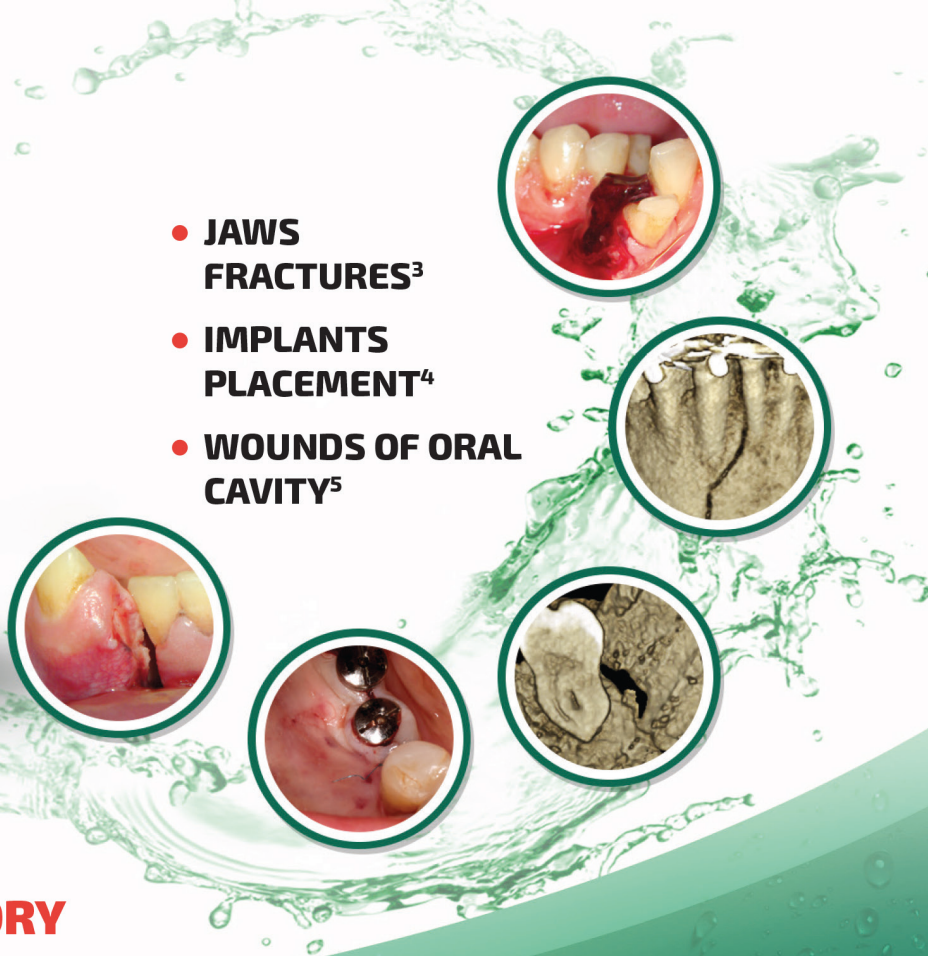
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**LOCAL ANESTHETIC
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- **IMPLANTS PLACEMENT⁴**
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SUMMARY OF PRODUCT CHARACTERISTICS

NAME OF THE MEDICINAL PRODUCT. Tantum Verde 0.15% mouthwash. **QUALITATIVE AND QUANTITATIVE COMPOSITION.** Each 100 ml contains: active ingredient: benzydamine hydrochloride 0.15 g (equivalent to 0.134 g of benzydamine). **Therapeutic indications.** Treatment of symptoms such as irritation/inflammation including those associated with pain in the oropharyngeal cavity (e.g. gingivitis, stomatitis and pharyngitis), including those resulting from conservative or extractive dental therapy. **Posology and method of administration.** Pour 15 ml of Tantum Verde mouthwash into the measuring cup, 2-3 times per day, using it either at full concentration or diluted. If diluted, add 15 ml of water to the graduated cup. Do not exceed the recommended dosage. **Contraindications.** Hypersensitivity to benzydamine or to any of the excipient. **PHARMACOLOGICAL PROPERTIES. Pharmacodynamic properties.** Pharmacotherapeutic group: Stomatologic drugs: other agents for local oral treatment, ATC code: A01AD02. Clinical studies demonstrate that benzydamine is effective in relieving suffering from localised irritation of the mouth and pharynx. In addition, benzydamine possesses a moderate local anaesthetic effect. **Pharmacokinetic properties. Absorption.** Absorption through the oropharyngeal mucosa is demonstrated by the presence of measurable quantities of benzydamine in human plasma. These levels are insufficient to produce systemic effects. **Distribution.** When applied locally, benzydamine has been shown to accumulate in inflamed tissues where it reaches effective concentrations because of its capacity to penetrate the epithelial lining.

Information about medicines. Information for health care professionals for use in professional activities.

1. Інструкція для медичного застосування лікарського засобу Тантум Верде®, розчин для ротової порожнини, РПН № UA/3920/01/01, затверджено Наказом Міністерства охорони здоров'я України № 636 від 01.10.2015.

2. <http://www.angelini-pharma.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.

Clinical and CT images are courtesy of: Ievgen Fesenko (Department of Oral & Maxillofacial Surgery, PHEI "Kyiv Medical University", Kyiv, Ukraine), Oleg Mastakov ("SCIEDECE—Scientific Center of Dentistry & Ultrasound Surgery" Kyiv, Ukraine)



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