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Treatment of Oral and
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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.

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Via Vecchia del Pinocchio, 22 – 60100 Ancona (AN), Italy.

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COURTESY

Journal's cover image (virtual surgical planning for a segmental mandibular reconstruction with fibula transplant) is courtesy of Rui P. Fernandes, MD, DMD, FACS, FRCS.

Image was taken from the article: 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(1):6–10.



Editorial

The “Next Generation” of Oral and Maxillofacial Surgeons and the “Next Generation” of Clinical Researchers

Evangelos G. Kilipiris

Challenging times have a scientific value. These are occasions a good learner would not miss.

—Ralph Waldo Emerson
American essayist and philosopher

The young generation of oral and maxillofacial surgeons through the International Association of Oral and Maxillofacial Surgeons (IAOMS) NextGen (i.e., next generation) community is extremely active and enthusiastic. Among the numerous activities, a very successful full-day program was constructed to meet the top 24th International Conference of Oral and Maxillofacial Surgeons (ICOMS) level, held this year in the magnificent city of Rio de Janeiro, in Brazil between 21 and 25 of May. The Next Level Forum “Pearls in the Career of NextGen,” at ICOMS 2019 had a broad spectrum of educational sessions, ranging from expert-led superior training presentations to inspirational stories of young surgeons, and clearly showed – the future of oral and maxillofacial surgery is brilliant.

Having these thoughts and experiences in mind, I’ll briefly discuss the philosophy behind the

Journal of Diagnostics and Treatment of Oral and Maxillofacial Pathology.

Training in Oral and Maxillofacial Surgery is designed to prepare young surgeons to care for their future patients. They gain experience in managing complex disease, mastering procedures, and making difficult clinical decisions. All vital tools to appropriately manage and treat oral and maxillofacial disorders.

Furthermore, they must attempt to develop and sustain a broad viewpoint, and be capable of adjusting themselves to the continuous and inevitable progress of the specialty. They must constantly expose themselves to the ever-growing mass of scientific data accumulated by research and systematized by study.¹

Top quality science must be cultivated and disseminated widely, and the *Journal of Diagnostics and Treatment of Oral and Maxillofacial Pathology* provides a great opportunity for those young physicians engaged in oral and maxillofacial surgery research to discuss their objectives openly and frankly with similarly minded colleagues all over the world.

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Today getting started in clinical research is hard. Large clinical trials attract a lot of the national research funding.² The drive for excellence has contributed to high standards but it has made research harder to do.³ For this reason, it is of paramount importance, the current research leaders to engage junior doctors in the excitement and fulfillment of surgical clinical research. To be apparent that the young oral and maxillofacial surgeon sees himself as both a clinician and a scientist, with the goal to treat patients to the best of his ability.

Motivation and inspiration for research is essential, and the young surgical scientists must be part of these investigatory efforts, if they want to lead and be on the cutting edge, and, yes, I personally believe that they are ready to meet these challenges. However, they must be prepared properly and early to ensure long term success.

Change is the process by which the future invades our lives.

—Alvin Toffler
American writer and businessman

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Editorial

Impact of Surgeon's Instagram Television (IGTV): A Case of Chimeric Fibula and Soleus Muscle Transplant in a Reconstruction of Cordeiro Type IIIA Total Maxillectomy Defect

Olindo Massarelli^a, Todd C. Hanna^{b,*}, Ivan V. Nagorniak^c, & Ievgen I. Fesenko^d

It's time for videos to move forward and evolve.

—Kevin Systrom

Co-founded Instagram and launched IGTV

IGTV, a new option provided by Instagram Inc., was launched in June 20, 2018, i.e. 7 years 8 months after starting parent application—social media.¹ IGTV is both a standalone application and available within an Instagram but only in basic functionality. Four letters of the acronym “IGTV” mean “Instagram Television.”² Lydia Belanger also described IGTV as a “social-media based television” and “Instagram's new longform video app.”³

Meanwhile, multiple advantageous role of the chimeric flaps in a jaw reconstructive surgeries continues to increase during last three decades.⁴⁻⁶ Fibula free flap,⁷ being alone an extremely productive workhorse in all types of jaw reconstructions⁸

including “jaw-in-a-day surgery,”⁹ can also be successfully used with soleus muscle in a chimeric manner for composite defect reconstructions.^{10,11}

Combination of the social media's (in our particular case it is Instagram) advantages with IGTV (i.e., a longform video application), and a professional quality recording system¹² can perfectly highlight the operation and bring the surgical tips and tricks from operating room to the internet environment with more than 1 billion users.¹³ The purpose of our editorial is to describe an educational IGTV microvascular surgery video case from both technological and surgical aspect.

IGTV CHIMERIC FLAP CASE

The IGTV video of the maxilla-reconstruction case with a title “Face reconstruction with a chimeric

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fibula and soleus transplant” was published by Dr. Hanna on December 18, 2019. It depicts an intraoperative look on 10 consecutive stages (named by the surgeon [T.C.H.] as “Chapters” to emphasize the educational purposes of this IGTV flap case) of the microvascular operation (it lasted 12 hours 9 minutes). A surgery was performed in operating room of a Private Surgical Practice in New York City, New York, United States. Duration of this IGTV video, illustrating a free fibula osteocutaneous flap with soleus muscle as a chimeric flap, reached 4 minutes 42 seconds, and it became a sixth video in an IGTV account of Dr. Hanna (@doctor.hanna).

The 10 steps of the surgery which were presented in the IGTV case are next ones:

1. “Chapter 1: The harvest” (Fig 1).
2. “Chapter 2: The soleus chimera” (Fig 2).
3. “Chapter 3: The osteotomies” (Fig 3).
4. “Chapter 4: Orbital mesh. The conformation” (Fig 4).
5. “Chapter 5: Model inset. The template” (Fig 5).
6. “Chapter 6: Facial inset. The transference” (Fig 6).
7. “Chapter 7: Vessel preparation. Bring in the scope” (Fig 7).
8. “Chapter 8: The microvascular anastomosis. Slow is smooth, smooth is fast” (Fig 8).
9. “Chapter 9: The soft tissue inset. Nasal and oral lining” (Fig 9).
10. “Chapter 10: The closure” (Fig 10).

The aim of this chimeric flap case was to reconstruct Cordeiro type IIIA total left maxillectomy defect (after squamous cell carcinoma removal) including the floor of the orbit but sparing the orbital contents.¹⁴ Type IIIA defect reconstruction included usage of titanium orbital mesh, one L shape, and three X shape mini plates. Virtual surgical planning provided precise position of the osseous components of the chimeric transplant what was noted on post-operative three-dimensional computed tomography (Fig 11). Dental implantation (one zygomatic implant and one anterior implant with bicortical placement) was planned to be performed secondary.

IGTV STATISTICS OF THE CASE

Analysis of the number of views, comments, and

followers after publication the IGTV video case dedicated to microvascular surgery in a surgeon’s Instagram account during first 3 weeks is presented in Table 1. From our standpoint the impact of IGTV surgical video can be measured by:

1. Number of views.
2. Number of comments.
3. Number of new connections between surgeons.
4. Number of new collaborations related with published topic between specialists who are involved into 1) surgical education/training (finished fellowship programs on the base of the opinion leader’s [IGTV account holder] medical institution) or 2) surgeries alone.

DISCUSSION

According to Buntic and Bunke the *chimeric flap* is a flap which is composed of more than one flap each on its own pedicle but with both on a common source pedicle.¹⁵ Despite the myriad of combinations¹⁵ of the chimeric flaps which can be created there are some most popular examples¹⁶ in the reconstruction of composite head and neck defects⁶.

Ettyreddy et al¹⁶ analyzed 521 chimeric flaps in the reconstruction of head and neck defects. The leading flap became a chimeric anterolateral thigh flap (N = 213 flaps, i.e. 40.88 percent of flaps), second most popular was subscapular flap (N = 141, i.e. 27.06 percent of flaps), in 16.21 percent of flap cases were chimeric fibulas, 13.24% reached the number of chimeric anterior tibial flap with dorsalis pedis skin paddle.¹⁶ According to their study less than 1% scored such chimeric flaps as rectus abdominis free flap, chimeric groin flap with multiple skin paddles, and a chimeric radial forearm free flap.¹⁶

Upon maxillary reconstruction after oncological surgical defect appears a need to use free flaps with osseous components. And some variations of chimeric fibula perfectly match those requirements:

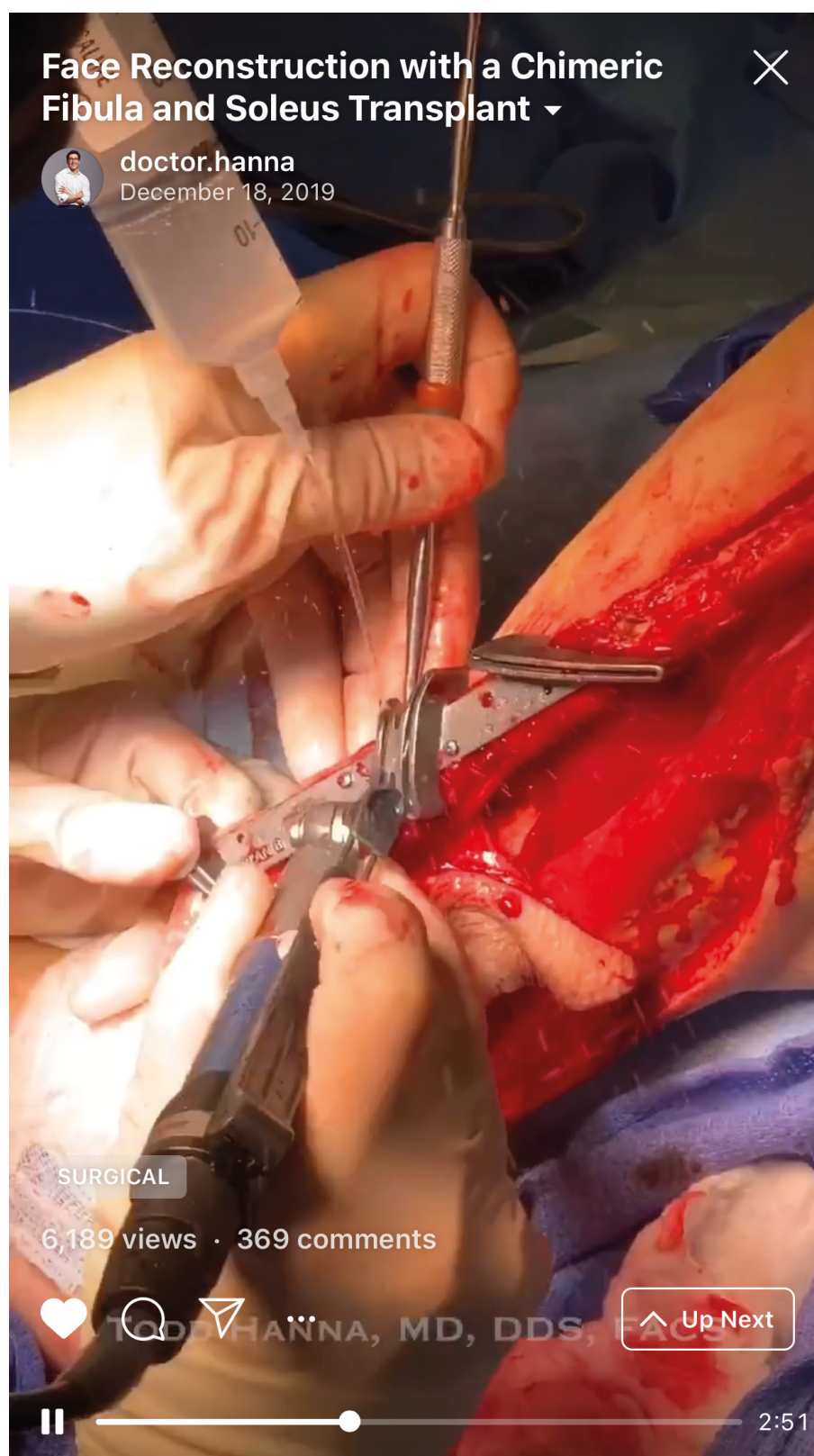
1. Gullwing fibula osteofascial flap and flexor hallucis longus muscle¹⁷ successfully face the challenges of the Cordeiro type II maxillary defects.
2. The composite fibula and soleus free transfer for Cordeiro type III total maxillectomy defects.^{18,19}



FIGURE 1. Screenshot during the 1st Chapter of the IGTV chimeric transplant case which is dedicated to harvesting of the soleus part of the transplant. Printed with permission and copyrights retained by T.C.H.



FIGURE 2. Screenshot during the 2nd Chapter of the IGTV chimeric transplant case which is dedicated to harvesting of the soleus part of the transplant. Printed with permission and copyrights retained by T.C.H.



doctor.hanna
December 18, 2019

SURGICAL

6,189 views · 369 comments



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D.

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FIGURE 3. Screenshot during the 3rd Chapter of the IGTV chimeric transplant case which is dedicated to segmentation of the fibula. Printed with permission and copyrights retained by T.C.H.

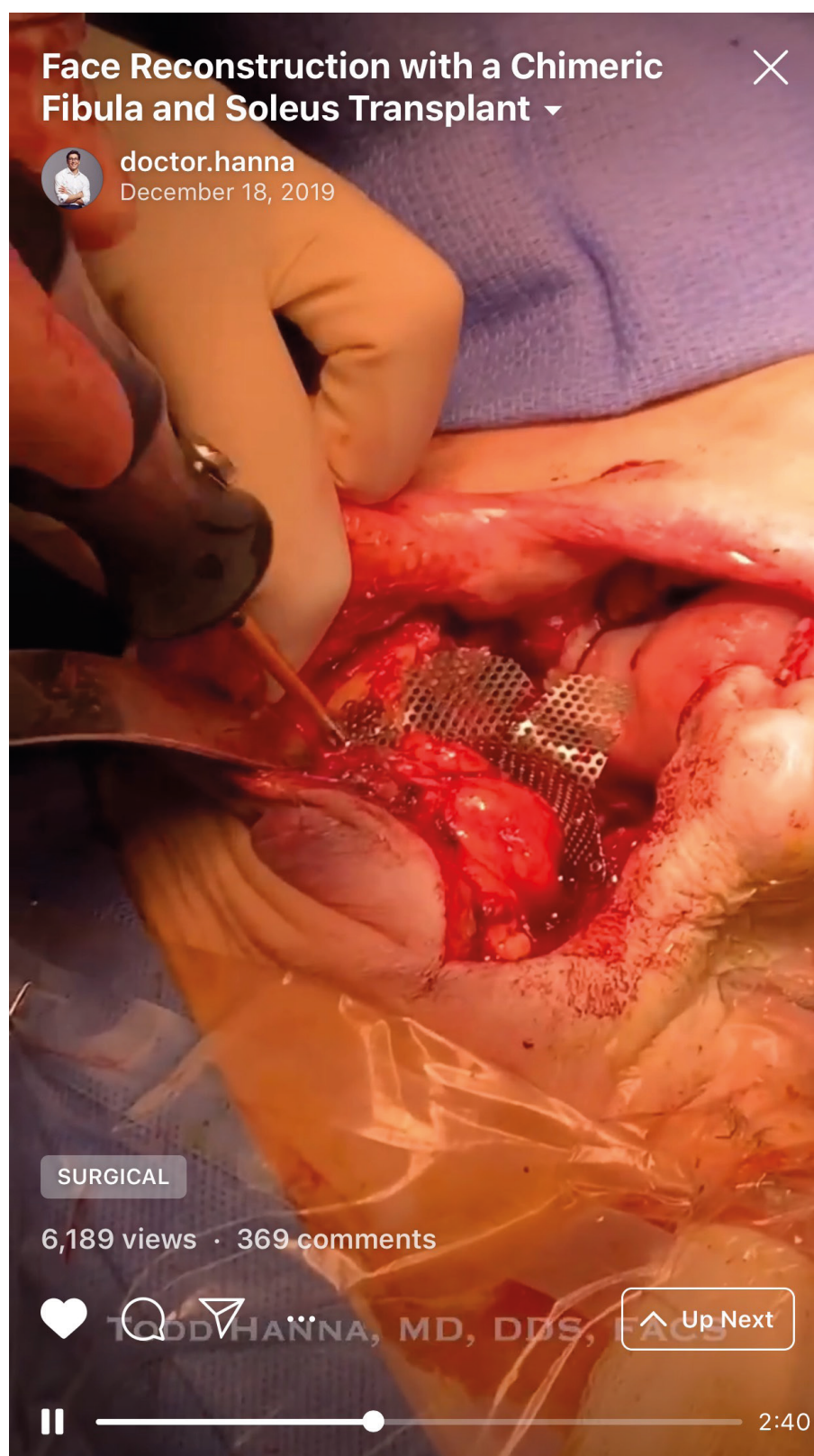


FIGURE 4. Screenshot during the 4th Chapter of the IGTV chimeric transplant case which is dedicated to orbital mesh conformation. Printed with permission and copyrights retained by T.C.H.

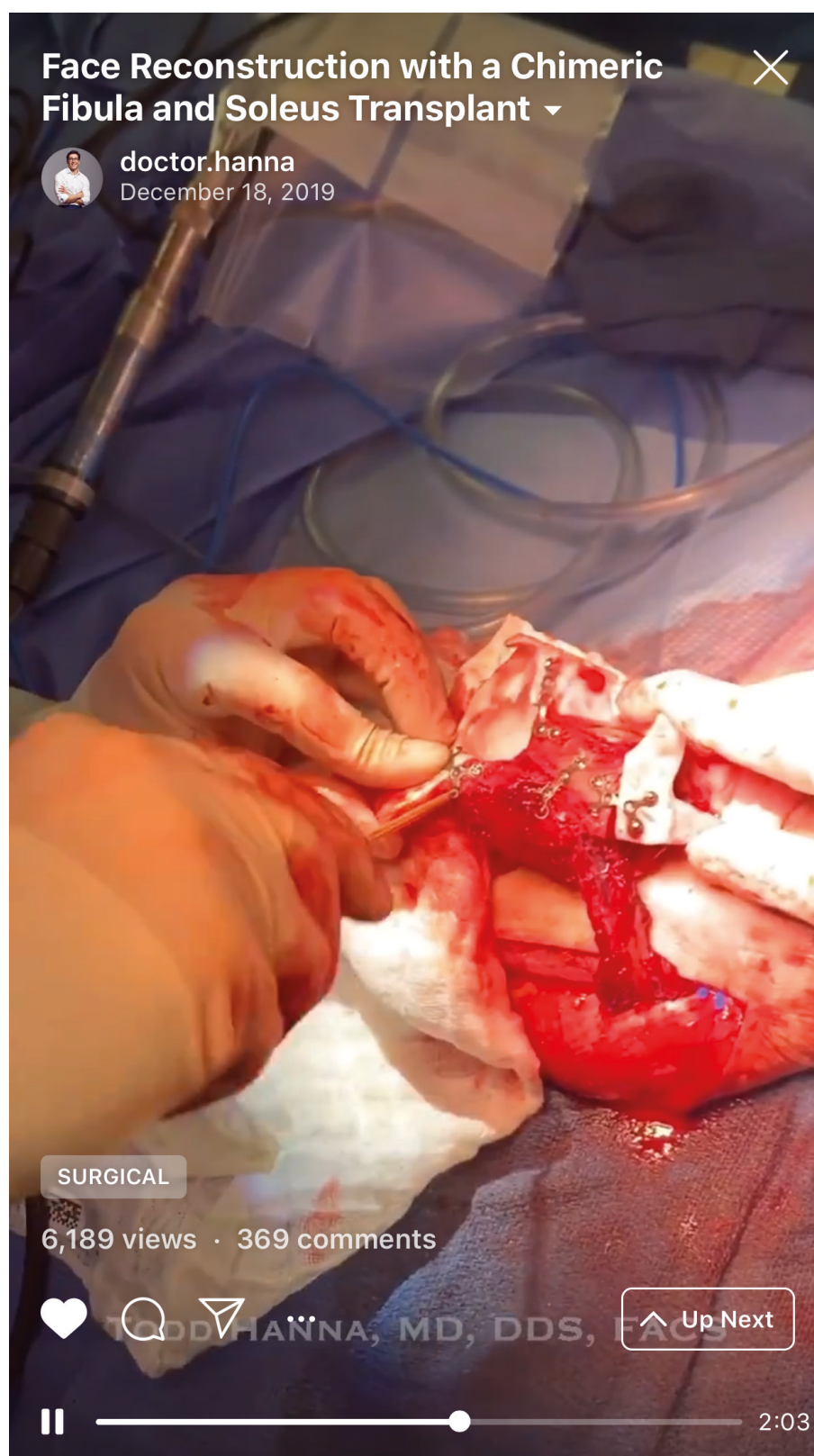


FIGURE 5. Screenshot during the 5th Chapter of the IGTV chimeric transplant case which is dedicated to model inset and template. Printed with permission and copyrights retained by T.C.H.

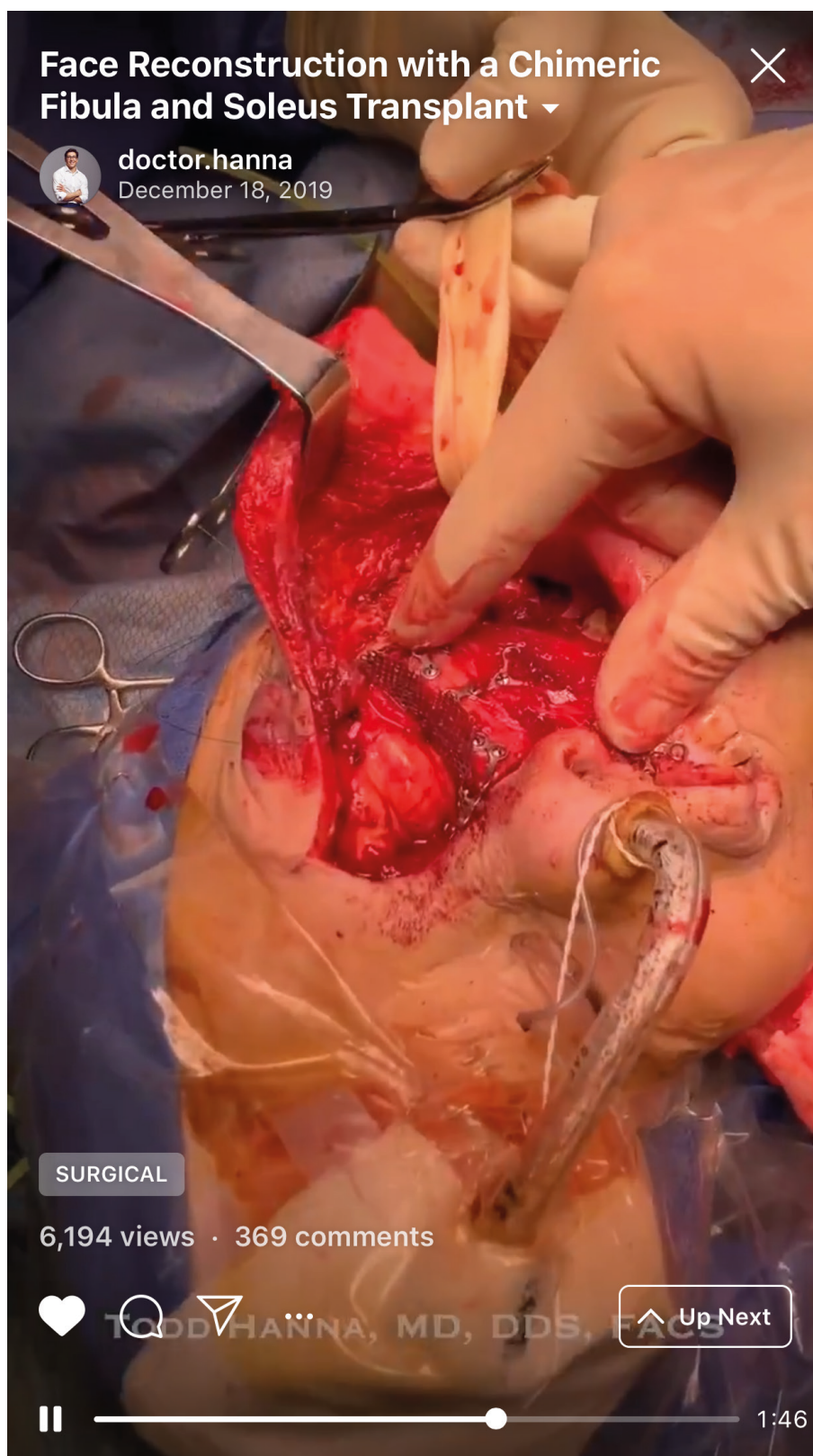


FIGURE 6. Screenshot during the 6th Chapter of the IGTV chimeric transplant case which is dedicated to facial inset and transference. Printed with permission and copyrights retained by T.C.H.



FIGURE 7. Screenshot during the 7th Chapter of the IGTV chimeric transplant case which is dedicated to vessel preparation and bringing in the scope. Printed with permission and copyrights retained by T.C.H.



FIGURE 8. Screenshot during the 8th Chapter of the IGTV chimeric transplant case which is dedicated to microvascular anastomosis. Printed with permission and copyrights retained by T.C.H.



FIGURE 9. Screenshot during the 9th Chapter of the IGTV chimeric transplant case which is dedicated to soft tissue inset, nasal, and oral lining. Printed with permission and copyrights retained by T.C.H.



FIGURE 10. Screenshot during the 10th Chapter of the IGTV chimeric transplant case which is dedicated to closure of the facial approach. Printed with permission and copyrights retained by T.C.H.

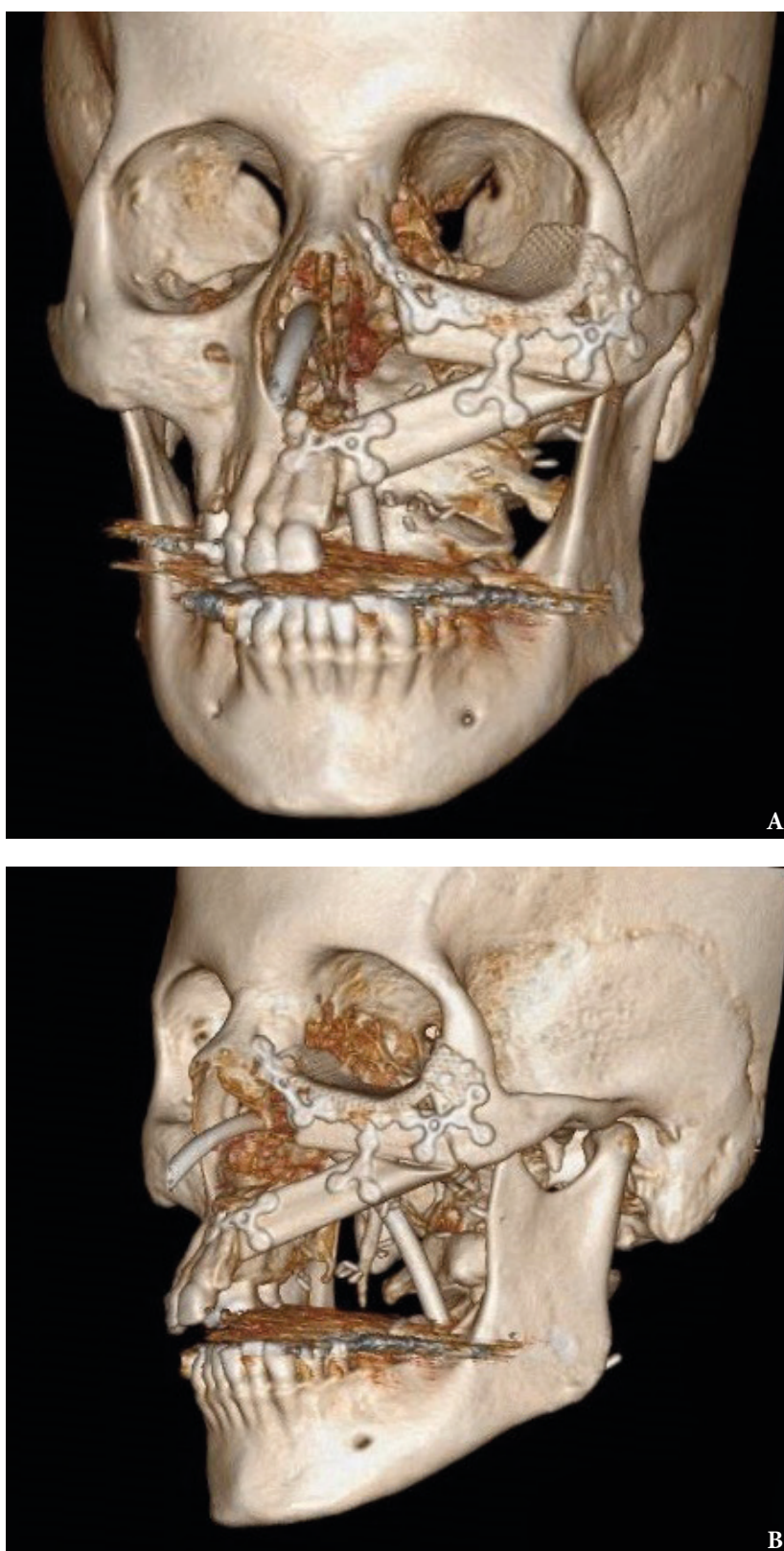


FIGURE 11. Post-operative three-dimensional computed tomography (**A, B**). Notes precise position of the osseous components of the chimeric transplant after reconstruction of Cordeiro type IIIA total left maxillectomy defect using virtual surgical planning. Printed with permission and copyrights retained by T.C.H.

TABLE 1. Comparison of the Number of Views, Comments, and Followers After Publication of the IGTV Video Case Dedicated to Microvascular Surgery in a Surgeon's Instagram Account During First 3 Weeks.

Hours/Days From Moment of Post Publication	Number of Views	Number of Comments	Number of Followers
20 hours	4,328	285	22.8K
1 day	4,739	318	The number was not fixed
6 days	5,482	357	The number was not fixed
10 days	5,984	369	22.9K
21 days	6,189	369	22.9K

3. Chimeric lateral supramalleolar artery perforator fibula free flap^{6,20,21} for 1) Cordeiro type IIB, as sandwich flap despite of radial osteocutaneous sandwich flap, and 2) type IV when you want to achieve a prosthetic correction of postenucleation socket syndrome (*synonym*: post-enucleation/evisceration socket syndrome)^{22,23} and you don't want to fill the orbital cavity.

Nokovitch et al¹⁹ emphasized that first description of the fibula flap including the lateral head of the soleus muscle was presented by Baudet et al¹⁸ in 1982. Nokovitch with colleagues clearly described that composite fibula and soleus free transfer serve for better functional and aesthetic outcomes.¹⁹ As it not only restores osseous defect but also obliterates the dead space.¹⁹ Results of Ettinger et al²⁴ proved that chimeric osteomusculocutaneous fibular flap with soleus muscle and skin paddle components can be successfully implemented also in cases of complex ablative defects resulting from advanced-staged the floor of mouth squamous cell carcinomas.

DENTAL IMPLANTS INTO CHIMERIC FLAPS

Comparing four osteocutaneous flaps (fibula, scapula, iliac crest, and radius), Lin et al²⁵ indicated that fibula and iliac crest free flaps have the best characteristics for the dental implantation.

Massarelli et al reported a second ever published results dedicated to chimeric lateral supramalleolar artery perforator fibula free flap for composite head and neck defects, and presented as well their experience of secondary dental implantation into osseous portion of chimeric flap in the reconstruction of mandibular defects.⁶ Two of 10 chimeric-flap-mandibles received 10 implants, with 5 implants for each reconstructed mandible.⁶ Ten osseointegrated implants with 43-month and 23-month follow-up showed no lost.⁶

POSSIBILITIES OF IGTV

Comparison of videos' duration in Instagram and IGTV is presented in Table 2. Despite official Instagram, Inc. page does not mention²⁶ the restrictions on posting IGTV videos with different duration for average users and users with "more followers," a lot of sources indicates that the difference does exist (Table 2).^{3,27}

TABLE 2. Comparison of the Video Length Limitations in Instagram and IGTV.^{3,27}

Application	Type of Post	Duration	Possibility to Save Video	Who Can Post?
Instagram	Instagram post	3 seconds – 1 minute	Can be saved	Every user
	Instagram Stories	15 seconds per 1 Story	Can be saved in "Highlights" in a user's profile	Every user
	Instagram Live	Up to 1 hour	Can be saved only to "Archive" and without possibility to be watched by other users	Every user
IGTV	IGTV video	15 seconds – 10 minutes	Can be saved	Every user
		Up to 1 hour	Can be saved	Some users with more followers ^{3,27}

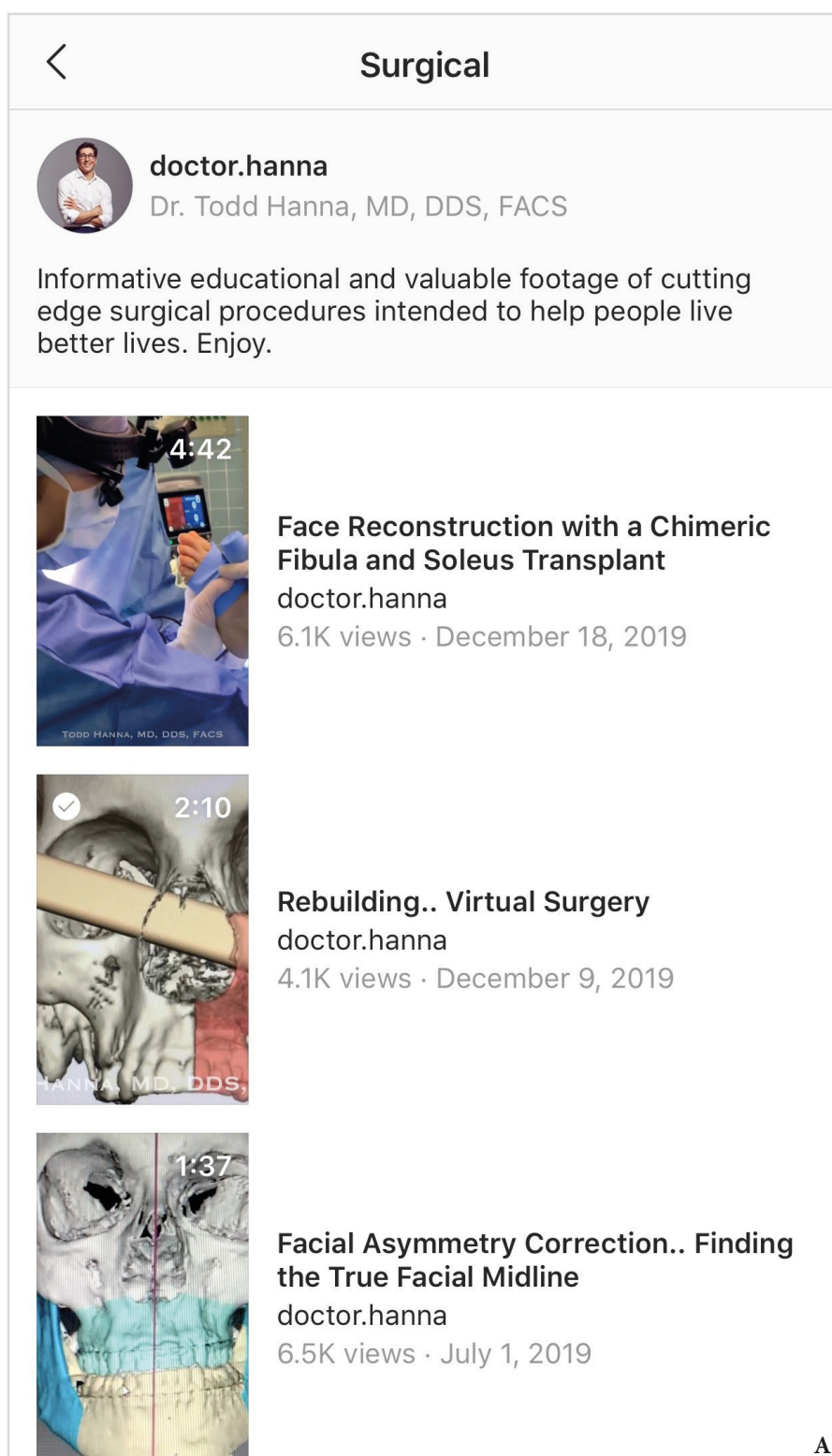


FIGURE 12. Window (A, B) which is opened on smartphone screens after clicking on the button “SURGICAL” shows:

1. Short description of the topic “Surgical.”
2. List of all video cases published by the surgeon under that topic with indicated videos` titles, duration, amount of views, and the dates of publication.

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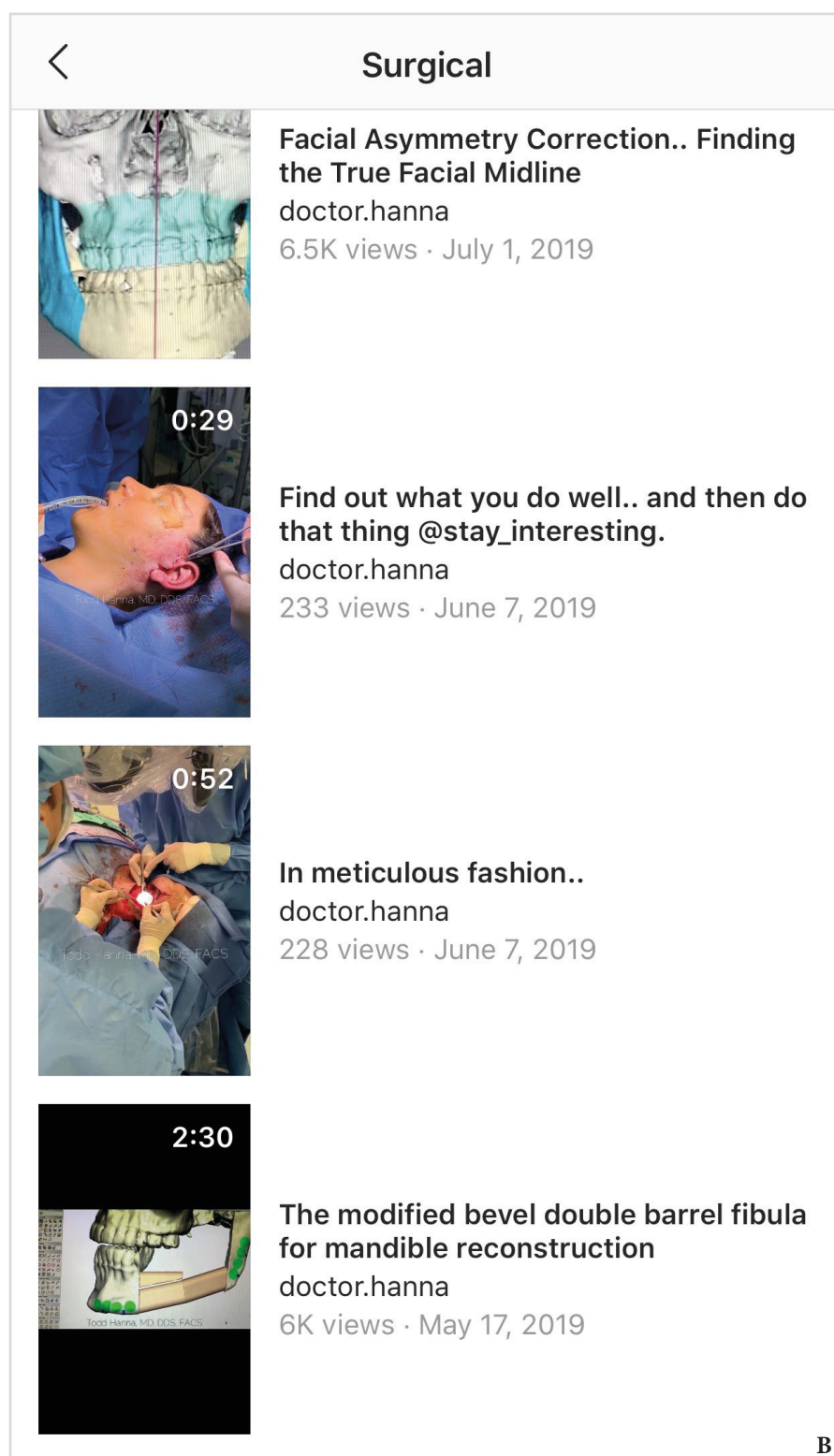


FIGURE 12 (cont'd). Window (A, B) which is opened on smartphone screens after clicking on the button “SURGICAL” shows:

1. Short description of the topic “Surgical.”
2. List of all video cases published by the surgeon under that topic with indicated videos` titles, duration, amount of views, and the dates of publication.

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Window which is opened on smartphone screen after clicking on the button “SURGICAL,” which is visualized upon watching Dr. Hanna’s IGTV videos (Fig 12), shows: 1) short description of the topic “Surgical” and 2) list of all video cases published by the surgeon under that topic with indicated videos’ titles, duration, amount of views, and the dates of publication.

CONCLUSIONS

We remember the words mentioned in one of the editorials published by Dr. Rod J. Rohrich, editor-in-chief of *Plastic and Reconstructive Surgery*, “one picture can be worth 1000 words.”²⁸ And after analysis of this IGTV video chimeric flap case we can affirmatively say that one surgical video with an academic educational approach can be worth 1000 pictures.

If you focus on producing a great experience for anyone, that's how you get big.

—Kevin Systrom

Former CEO of Instagram

PATIENT CONSENT

The patient provided written consent of the use of her images.

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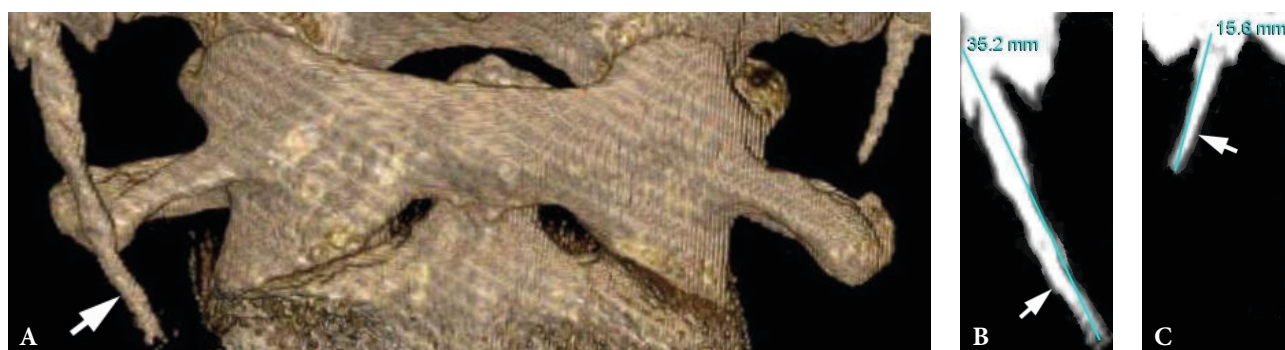


Section-Images in Oral & Maxillofacial Surgery

Camilo Mosquera, DDS, *Editor*

Eagle Syndrome: Symptomatic Elongated Styloid Process

Pavlo A. Fedorenko^a & Tetiana O. Shamova^b



A 60-year-old woman presented to the dental clinic with next complaints during last years: presence of a firm lesion in the projection of the right lateral wall of the oropharynx, periodic discomfort in this area upon eating, and a feeling of tingling. Palpation revealed a non-movable small lesion touching like a bone structure. Three-dimensional computed tomography (Panel A) at the level of cervical spine revealed an abnormal length of a right styloid process (arrow). Its length was 35.2 mm (Panel B, arrow) and the left styloid process reached only 15.6 mm (Panel C, arrow). The variety of treatment strategies were proposed

for “abnormally elongated styloid process” (synonym: Eagle syndrome) cases from first cases published by Dr. Eagle and during last 80 years. But our patient rejected the proposed treatment options (including surgery offered at the hospital) due to lack of serious complaints and after realizing that her case is not a tumor-case. In cases when abnormally elongated styloid process combines with a styloid ligament ossification some authors terms condition as a “stylohyoid syndrome.” The variety of symptoms upon Eagle/stylohyoid syndromes gave a right to subdivide them into classical and carotid subtypes. ■ DTJournal

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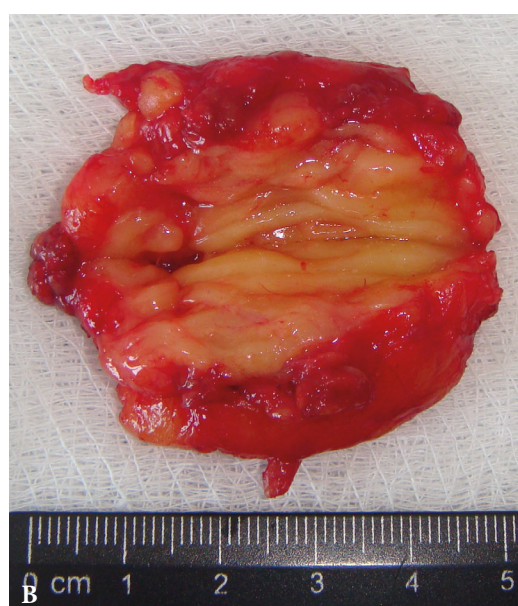
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Section-Images in Oral & Maxillofacial Surgery
Camilo Mosquera, DDS, *Editor*

Parotid Gland Lipoma in a 52-Year-Old Patient

Olena O. Ivanchenko^a & Valentyn H. Demidov^b



A 52-year-old Caucasian man was referred to hospital with complaints for a painless, slow-growing swelling in the area of left parotid gland during last several years. Disruption of the function of the facial muscles was not observed. Palpation revealed a soft, painless lesion in deep layers of parotid and without symptom of “pseudofluctuation.” Contrast-enhanced computed tomography (Panel A) showed well margined, lower attenuation lipoma (L) with –120 Hounsfield Unit values and no contrast enhancement. Tumor was located deeper to the superficial lobe of

the left parotid gland (PG) and was totally enucleated under general anesthesia using a cervicomastoidfascial incision (*synonyms*: Blair incision and classic parotidectomy incision). A well encapsulated lipoma (Panel B) measured 4.7 cm in a longitudinal direction. Histopathology confirmed the diagnosis due to the presence of simple fat tissue with capsule and helped to distinguish from unusual variants (myxoid lipoma, spindle cell lipoma, liposarcoma). Postoperative period was smooth with no signs of the facial nerve dysfunction. ■ DTJournal

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FUTURE EVENTS

2020

2020 Principles of Head and Neck Oncology for the OMS

March 6 – 8, 2020
Chicago, Illinois, USA

<https://www.aaoms.org/education-research/2020-principles-of-head-and-neck-oncology-for-the-oms>

International Symposium on Orthognathic Surgery

April 30 – May 2, 2020
Vienna, Austria

www.iaoms.org/education/vienna2020/registration/registration/

1st ALACIBU and ACOMS International Meeting (1st International Meeting of Latin American Association of Bucomaxillofacial Surgery and 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

American Association of Oral and Maxillofacial Surgeons: 102nd Annual Meeting, Scientific Sessions and Exhibition

October 5 – 10, 2020
San Antonio, Texas, USA

<https://www.aaoms.org/meetings-exhibitions/annual-meeting/102nd-annual-meeting>

2021

25th International Conference on Oral and Maxillofacial Surgery (organized by International Association of Oral and Maxillofacial Surgeons)

September 1 – 4, 2021
Glasgow, Scotland, United Kingdom

www.iaoms.org

<http://dx.doi.org/10.23999/j.dtemp.2020.1.5>.

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Submission of Articles

Papers for the Publication

- Editorials/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, scientific 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

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Yuen HY, Ahuja AT. Benign clinical conditions in the adjacent neck. In: Sofferman RA, Ahuja AT, editors. *Ultrasound of the thyroid and parathyroid glands*. Springer, **2012**:229–33.

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Baskin J, Duick D, Levine R. *Thyroid ultrasound and ultrasound guided FNA*. 2nd ed. New York: Springer; **2008**.

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Examples for the internet links:

Seave A. Elsevier CEO using unique data sets and analytic processes to maintain competitive edge. The Forbes. February 25, 2016. Available at: <https://www.forbes.com/sites/avaseave/2016/02/25/elsevier-ceo-using-unique-data-sets-and-analytic-processes-to-maintain-competitive-edge/#1d9e4b3979c2/>. Accessed February 25, 2016.

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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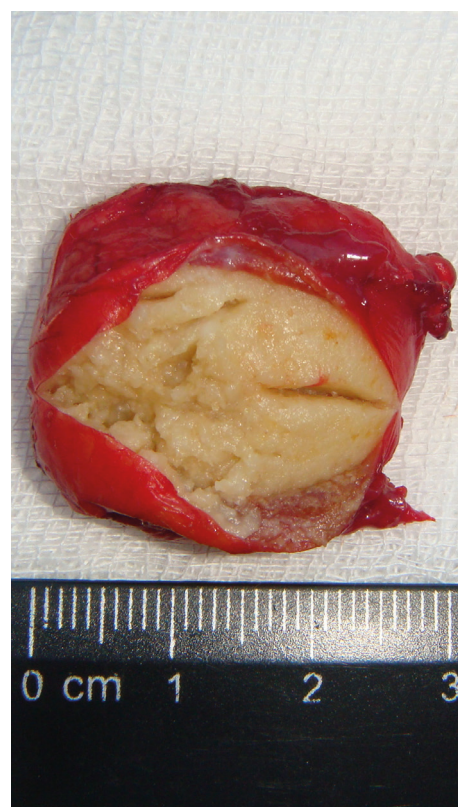
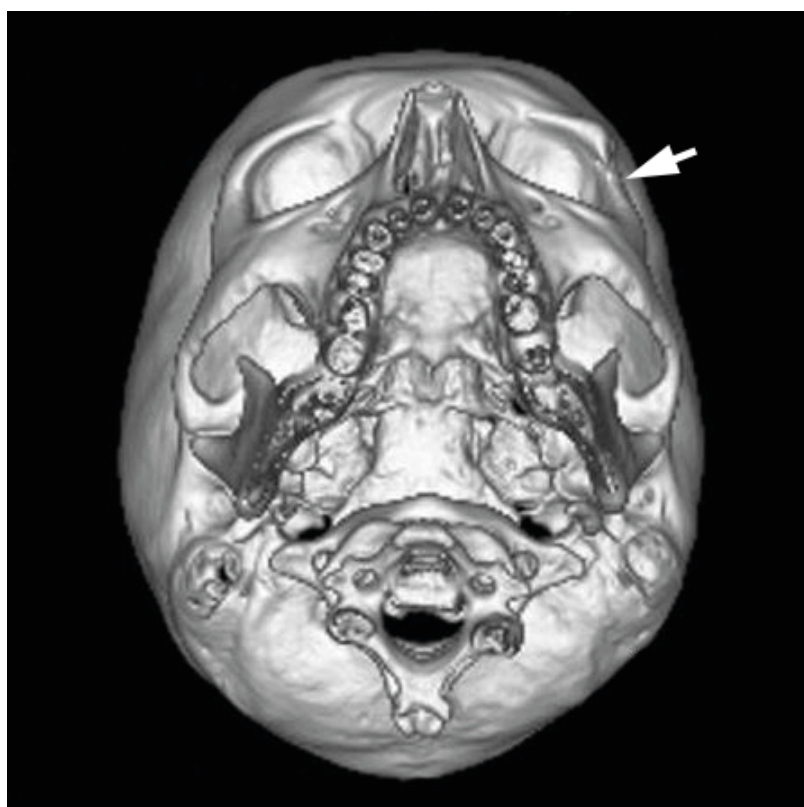
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3. Тимофеев А.А. и др. "Особенности гигиены полости рта для профилактики воспалительных осложнений при переломах нижней челюсти". Современная стоматология 2015;1(75):52-8.

4, 4.5. Tymofiev 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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