illa were performed which confirmed mucoepidermoid carcinoma of the hard palate. After preoperative preparation partial resection of the upper jaw was performed. Therapy is presently in course.

These two cases indicate the need to know the causative agents of swellings in the area of the head and neck, and if odontogenic inflammation is the case it quickly responds to appropriate therapy.

Kirurški postupci u liječenju velikih koštanih šupljina čeljusti

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Sažetak

Problem izbora kirurškoga postupka pri liječenju velikih koštanih šupljina koje nastaju pošto se odstrane benigne patološke promjene čeljusti sastoji se u tome kako kirurškim postupkom spriječiti moguće recidive lokalno invazivnih promjena te kako bez infekcije osigurati organizaciju krvnog ugruška i obnovu kosti. To je u povijesti bilo razlogom nastanka i razvoja nekoliko različitih kirurških postupaka. Prikazat će se rezultati liječenja velikih koštanih šupljina metodom Partsch II s intraoralnom poslijeoperativnom sukcijom, metodom Partsch II s dekortikacijom jedne strane čeljusti, rezultati nakon punjenja koštanih defekata s resorbilnim granulatom trikalcijeva fosfata (BioResorb tvrtke "Oraltronics"), te rezultati liječenja dvofaznim kirurškim postupkom. Iz rezultata provedenih kliničkih istraživanja može se zaključiti da svaka od spomenutih metoda daje dobre rezultate, ako se primijeni u ispravno izabranim indikacijama. Primjena intraoralne sukcije sigurna je i najjeftinija metoda za najveće koštane defekte, pogotovo ako se istodobno izvrši i dekortikacija jedne koštane stijenke. Primjena aloplastičnoga resorbilnog materijala sigurnija je od primjene neresorbilnih materijala i cijeljenje se završava bez komplikacije u razdoblju od šest mjeseci. Dvofazni kirurški postupak u liječenju odontoma čeljusti jedinstven je u literaturi. Napuštene metode marsupijalizacije ponovno oživljavaju nakon eksperimentalnih istraživanja kojima je dokazana promjena potentnosti epitela tako liječenih odontogenih keratocista za koje je iz literature i iz svakodnevne prakse poznato da su izrazito sklone recidivu, pa ih suvremena patologija danas svrstava među odontogene tumore.

Surgical Procedures in the Treatment of Large Osseous Cavities of the Jaws

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Summary

The problem of the choice of surgical procedure in the treatment of large osseous cavities which remain after the removal of benign pathological lesions of the jaws implies the need to prevent possible recurrences of local invasive lesions by the surgical procedure and to ensure organisation of the blood clot and restoration of the bone without infection. This was the reason for the appearance of several different surgical procedures that developed throughout history. The treatment of large osseous cavities by Partsch II method with intraoral postoperative suction and Partsch II method with decortication of one side of the jaw will be presented, and the results after filling the bone defect with resorbable granulate tricalcic phosphate (BioResorb, Oraltronics), and the results of treatment by biphase surgical procedure. From the results of clinical investigations it can be concluded that each of the above methods produces good results, when applied in correctly chosen indications. The application of intraoral suction is safe and the cheapest method for the largest osseous defects, particularly if at the same time decortication of one osseous wall is performed. The application of alloplastic resorbable material is safer than the application of nonresorbable materials, and healing is completed without complications within a period of six months. Biphase surgical procedure in the treatment of odontoma of the jaws is unique in the literature. The abandoned methods of marsupialisation are again being revived after experimental investigations showed changes in the virility of the epithelia of such treated odontogenic keratocysts, which from the literature and daily practice are known to be extremely prone to recurrence, and therefore in modern pathology today they are classified as odontogenic tumours.