mukokele bile su u sublingvalnom prostoru, na obraznoj sluznici i u vestibulumu usne šupljine. Prema patohistološkom opisu zaključili smo da su 23 mukokele bile retencijskoga tipa, a dvije su bile ekstravazacijske promjene.

Mucocele

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Summary

In the Out-Patient Department of Oral Surgery we daily come across salivary cysts which we treat surgically - by scaling or marsupialisation.

We considered that it would be helpful to analyse these changes clinically, histopathologically and pathogenetically.

There are two types of salivary cysts: retention cysts (histologically a salivary gland with dilated secretory canals lined with large cells with honeycomb cytoplasm) and extravasation cysts (a hollow mass filled with cellular detritus and bacteria, coated with cylindrical and stratified epithelia).

Mucocele are coated with a lining of granulation tissue and contain eozinophyllic hyaline material. They occur throughout the whole of the mucous membrane of the oral cavity, although the majority are on the lower lip. They most frequently occur because of mechanical injury to the secretory canals of the small salivary glands and retention. They are approximately 1.5 cm in diameter. They cause slight cyanosis of the area and bluish-white surface which occurs as a result of the narrowing of the blood vessels and thin walls of the mucocele.

We retrospectively analysed histopathological findings with a clinical diagnosis “mucocele” during the period 1 January 1995 to 31 December 2000. During that period a total number of 9047 people were operated. Of 1358 findings sent for histopathological analysis (PHD), 89 were clinically diagnosed as mucocele. Of these 89 lesions in only 72 cases was the diagnosis of mucocele confirmed histopathologically. Differences in gender did not essentially have an effect on the occurrence of mucocele, and according to the results of the investigation we found that although mucocele occurs in all age groups, it is more frequent in younger people during the second and third decade of life. In our investigation mucocele were largely located on the lower lip, 83.3%. Other mucocele were located in the sublingual space, on the mucous membrane of the cheek and in the vestibulum of the oral cavity. According to the histopathological description we concluded that 23 mucocele were of retention type and two extravasation lesions.

Frenulektomije - kada i zašto?

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Sažetak

Podatci iz literature često su dijametralno suprotni što se tiče potrebe da se izvede kirurški zahvat kod perzistentnoga frenuluma, bilo da se radilo o njegovoj izravnoj povezanosti s dijastemom medijanom ili ne.

Različita su mišljenja o najpovoljnijem vremenu za zahvat ili na redoslijed intervencije kirurga, odnosno ortodonta. Većina se autora slaže u tome da je zahvat potreban, ali i da se s njim ne treba žuriti. Pojedini autori smatraju kako treba pričekati da iznikne trajni očnjak, a drugi upozoravaju i na mogućnost spontanoga zatvaranja dijasteme još i u vrijeme nicanja drugoga trajnog molara. Prema navodima u literaturi frekvencija tektolabijalnoga frenuluma djece je 7,3%, a odraslih samo l,3%, što upućuje na neopravdanost ranih kirurških tretmana.

Naše istraživanje pokazuje sukladne podatke, jer je najveća zastupljenost frenulektomija (80%) u dobi do 20 godina. Od svih lokalizacija koje zahvaća hipertrofični frenulum njih 90% je u području gornje usne. Upravo ta povezanost između dobi i lokalizacije govori nam da se radilo o ortodontskoj indikaciji, zapravo o dijastemi medijani. Najveći broj dijastema zatvara se u vrijeme nicanja lateralnih sjekutića, pa ako dijastema i dalje perzistira, a popraćena je hipertrofičnim frenulumom, postoje male mogućnosti kasnijeg spontanog zatvaranja. Zato operativni zahvat izvodimo ne čekajući da niknu trajni očnjaci.

Sve operativne intervencije za uklanjaje abnormalno razvijenog frenuluma svode se na inciziju, eksciziju ili transpoziciju tkiva u području frenuluma, odnosno kombinaciji svih triju postupaka. Operativne metode koje se najčeće preporučuju zbog zadovoljavajućeg postoperativnog rezultata, brzine samog zahvata i jednostavnosti tehnike jesu "V" ekscizija, te horizontalna incizija interdentalnoga tkiva i dijela papile incizive. Nakon toga kirurškoga tretmana moguće je učiniti i kortikotomiju na tome području ako je to potrebno.

Svrha je ovoga istraživanja prikazati indikacije za frenulektomiju, s posebnim osvrtom na vrijeme kirurškoga zahvata.

Frenulectomy - When and Why?

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Summary

Data from the literature are often diametrically contradictory with regard to the need to carry out a surgical procedure in the case of a persistent frenulum, either when it is a case of its direct connection with the diastema median or not.

Opinions vary on the most suitable time to perform the operation, or on the chronology of the intervention of the surgeon or orthodontist. The majority of authors agree that the operation is necessary but that there is no need for urgency. Some authors consider that one should wait until the eruption of the permanent molar, while others warn of the possibility of spontaneous closing of the diastema at the time of the eruption of the second permanent molar. According to reports in the literature the frequency of tectolabial frenulum in children is 7.3%, and in adults only 1.3%, which indicates that early surgical treatment is unjustified.

Our investigation shows consistent data, because the greatest incidence of frenulectomia (80%) occurred up to the age of 20 years. Of all the sites affected by a hypertrophic frenulum, 90% were in the area of the upper lip. The connection between age and the localisation indicates orthodontic indication, of just the diastema median. Most diastema close during eruption of the lateral incisors, but if the diastema persists, and is accompanied by hypertrophic frenulum, the possibility of later spontaneous closing is slight. Thus the operative procedure can be carried out without waiting for the eruption of the canines.

All operations for removal of abnormally developed frenulum comprise incision, excision or transposition of tissue in the region of the frenulum, i.e. a combination of all three procedures. The operative methods most frequently recommended because of the satisfactory postoperative result, speed of procedure and simple technique are "V" excision and horizontal incision of the interdental tissue and part of the papilla incisiva. After such surgical treatment it is possible to carry out corticotomy in the area if necessary.

The aim of this study was to present indications for frenulectomy, with special reference to the time of the surgical procedure.

Epulis - klinička slika i patohistološka raščlamba

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Sažetak

Epulis je benigna promjena na gingivi koja vanjskim izgledom djeluje kao tumor, a po histološkoj slici više odgovara prijelaznim oblicima upalnoga procesa. Pojavljuje se u nekoliko histoloških slika: Epulis gigantocellularis, Epulis granulomatosa, Epulis fibromatosa, kongenitalni epulis, Epulis gravidarum, Epulis haemangiomatosa, Epulis fissuratum, papilarna hiperplazija, piogeni granulom i iritacijski fibrom.

Epulis se pojavljuje dvostruko češće u žena nego u muškaraca, nešto češće se javlja u gornjoj čeljusti, a podudarnost kliničke i patohistološke dijagnoze je 48%.

Obrađene su kliničke i patohistološke dijagnoze u razdoblju od šest godina da bi se dobio uvid u zastupljenost epulisa kao opisnoga termina među kliničkim dijagnozama. Takvo sabiranje različitih procesa pod jedno ime, koje je nastalo na temelju lokalizacije, bez histopatološke provjere ne daje pravu sliku u kojem se postotku javlja u kliničkoj praksi.