

additional medication, to interrupt, stop or repeat the treatment. At the same time we recorded all local complications (fracturing of teeth, excessive bleeding, foreign body in respiratory tract etc.) and the existence of late complications (prolonged bleeding, vomiting) for 2 to 3 hours after the treatment.

A group of 84 patients requiring surgical treatment in inhalation anaesthesia is presented. All of them had anaesthesiologic and laboratory examination as the preoperative standard. The treatment was carried out by an oral surgeon, anesthesiologist, technicians and nurses. O<sub>2</sub>, N<sub>2</sub>O and Sevoflurane were used for inhalation anesthesia. The age of patients was 1-58 years (av. 29.5). Systemic complications: bronchospasm in two cases /1.68%, deviations of normal cardiac rhythm 3 /2.52% (VES), convulsions (epi) after treatment 1 /0.84%, saturation O<sub>2</sub> under 90% 9 /7.56%, vomitig after the treatment 1 /0.84% / high blood pressure was present in 38 /31.92% / an tachycardia in 45 /37.8% / of cases. The need to repeat the procedure once occurred in 16 /13.44% / twice 3 /2.52% / and three times 1 /0.84% / . Foreign body in the respiratory tract 0 /0% / . Local complications: teeth fractures 14 /11.76% / , immediate excessive bleeding 8 /6.72% / , prolonged bleeding 3 /2.52% / . Short inhalation anaesthesia is a successful alternative to general anaesthesia for minor oral surgical interventions but the risk of possible general and local complications has to be considered.

## Liječenje velikog odontoma donje čeljusti dvofaznim kirurškim postupkom

**Knežević G, Sokler K.**

*Klinički zavod za oralnu kirurgiju Kliničke bolnice "Dubrava", Zagreb, Hrvatska*

Postoje dva moguća kirurška postupka u liječenju velikih jedinstveno složenih odontoma ili drugih odontogenih tumora donje čeljusti. Jedan je klasičan kirurški postupak, kao u slučajevima alveotomija retiniranih ili impaktiranih zuba, i moguće ga je izvesti kad je riječ o manjim primjerima odontoma u kojima je okolna kost dovoljno sačuvana i ne postoji opasnost od patološkog ili jatrogenoga prijeloma donje čeljusti. Taj je zahvat također moguć i kod većih odontogenih tumora koji se lako ljušte iz njihova koštanoga ležišta. Drugi je postupak odstraniti

tumor s pomoću takozvane sagitalne osteotomije donje čeljusti, kao što su to opisali Rittersma J. i van Gool AV. godine 1979.

Autori prikazuju primjer neobično velikoga jedinstveno složenog odontoma u angulusu donje čeljusti u 23-godišnjeg muškarca. Zbog mogućega prijeloma čeljusti tijekom zahvata u jednom aktu, izvršen je dvofazni kirurški postupak koji se je pokazao uspješnim i prihvatljivim za pacijenta. Autori navode podatke iz literature, raspravljaju o prednostima i nedostacima različitih kirurških postupaka ostavljajući slušateljstvu da ocijeni opravdanost pojedinih postupaka primjenjivanih do danas.

## Treatment of Large Odontoma of the Mandible by Two-Phase Surgical Procedure

**Knežević G, Sokler K.**

*University Hospital "Dubrava", Clinical Department of Oral Surgery, Zagreb, Croatia*

Two methods are possible in the surgical treatment of large examples of complex odontomas or other odontogenic tumors of the mandible.

One is classical intraoral approach, as in the case of alveotomy of retained or impacted teeth, which is simple to perform in the case of small examples of odontomas, where the bone is still sufficiently preserved, and there is consequently no danger of pathological or iatrogenic fracture of the jaw. It is also possible in the case of large tumors that are easily denucleated from the bony site.

Another method is to remove the tumor by means of so-called sagittal osteotomy of the mandible described by Rittersma J, and van Gool AV. 1979.

The authors present an example of an unusually large, complex odontoma of the mandibular angle of a 23 year-old man. Because of the possibility of fracture during the operation in one step a two-phase surgical procedure was applied, which proved successful and was acceptable for the patient. The authors cite data from the literature, discussing advantages and disadvantages of different surgical procedures, leaving the audience to decide on justification of all applied surgical procedures to date.