

# Study on Diagnosis of Oral Mucosal Melanoma with Histology, Electron Microscopy (EM) and Immunohistochemistry

Wang Zhiliang, Yang Lianjia, Gao Yuhao, et al

Department of Oral Pathology, College of Stomatology, the Fourth Military Medical University

## Abstract

Fifteen cases of primary oral mucosal melanoma were studied with the methods of Fontana Staining, EM, and immunohistochemistry. The results showed that 4 of 15 cases were non-pigmented lesions. In these cases, two were positive with Fontana staining. Pigment body could not be found in three cases observed under EM, but all the 15 cases were positive with immunohistochemical staining. The results suggested that the immunohistochemical staining should be done for those cases suspected as non-pigmented melanoma.

**Key words:** oral neoplasm malignant melanoma immunohistochemistry

## 术前取模预制牙弓夹板在颌骨骨折治疗中的应用

张 信 谭方平

牙弓夹板已广泛应用于颌骨骨折的治疗,手术时在患者口内即时弯制牙弓夹板,使手术时间延长。而术前取模预制好牙弓夹板具有方法简便、易于掌握、缩短手术时间、减少患者痛苦之优点。我科自1992年3月至1994年12月应用此法辅助治疗各类颌骨骨折51例,现总结报告如下。

### 1 临床资料

选择适应于牙弓夹板治疗颌骨骨折的患者51例,男47例,女4例,年龄14~65岁。上颌骨LeFort I, II型骨折12例,下颌骨骨折39例,包括下颌骨正中联合骨折12例,下颌骨体部骨折7例,下颌角骨折6例,髁状突颈部骨折3例,髁状突颈部与下颌骨体联合骨折2例,上下颌骨单纯性联合骨折4例,下颌骨体陈旧性骨折5例。

### 2 材料与方法

采用成都军区总医院生产的铝制带钩牙弓夹板,分I, II型。牙结石较多者先行洁治术。因颌骨骨折多伴有不同程度的移位,为减少取模时疼痛,应选用比牙列较宽的带孔托盘或自制托盘,操作应轻巧。用藻酸钠印模材料,分别取上下颌牙列阴模。常规灌制石膏阳模。石膏凝固后,用线锯沿骨折线处将错位之阳模锯断,对移位不明显者无需锯断,恢复上下颌牙正常的咬合关系,断端用水门汀粘接。在此模型

上,根据牙列长度和弧度及骨折类型,选择合适的牙弓夹板,分别弯制上下颌牙弓夹板备用。根据骨折类型和打结方法准备结扎丝。手术多在局麻下进行。手术时先将骨折断端相邻两牙用结扎丝行牙间结扎,以保持颌骨的连续性及恢复咬合关系,便于安放。结扎牙弓夹板。将预制好的牙弓夹板分别结扎固定于上下颌牙列上,用橡皮圈作颌间牵引。对上下颌骨单纯性骨折移位不明显者仅作单颌牙弓夹板结扎固定即可。陈旧性骨折或手法复位困难者应结合手术切开复位内固定,再用预制好的牙弓夹板辅助固定。

### 3 讨 论

术前预制牙弓夹板由于在石膏模型上弯制精密程度较高,与牙列贴合紧密,穿引结扎丝方便快捷,该方法固定力强,疗效肯定,对周围软组织损伤小。手术时间较术中即时弯制牙弓夹板缩短一半以上,从而减小了患者痛苦。

此法主要适应于各型上下颌骨骨折移位不甚明显的骨折复位固定。其方法简单,取材方便,易于掌握,便于基层医院应用。

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作者单位: 266700 山东省平度市人民医院口腔科