
As of the late presentation of such patients for treatment, a well oiled primary health structure will go a long way in educating the masses for early referral for treatment which would result in less disfigurement. More international aid and training should be provided by world fraternity so that latest microvascular reconstruction modalities are available in even most interiors of Africa.

REFERENCE:

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COMMENTS

The article reviews the clinicopathological features of the jaw tumors seen at a center in Nigeria. The results shown are no different from what we already know about Nigeria. The fibro-osseous tumour has been sighted most followed by ameloblastoma. The incidence of ameloblastoma is in accordance with the recent study.1 The article would have further added to knowledge if the group of fibro-osseous tumors were further classified accordingly. The histopathological classification of ameloblastoma and its clinical presentation would have further added to the current knowledge. The entity of cystic tumours which has been shown to be 15% is also confusing. This should have been further classified as per lesion.

It is known now that compared to west ameloblastoma is not a rare entity in Nigeria.2 Burkitt’s lymphoma which is regarded as rare in west is again seen in Nigerian population. A recent study states that it is endemic in Nigeria and form 39% of all the childhood cancers. Jaws are affected in 65% patients and it has a male preponderance.3

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