

## CASE OF THE MONTH (February 2011)

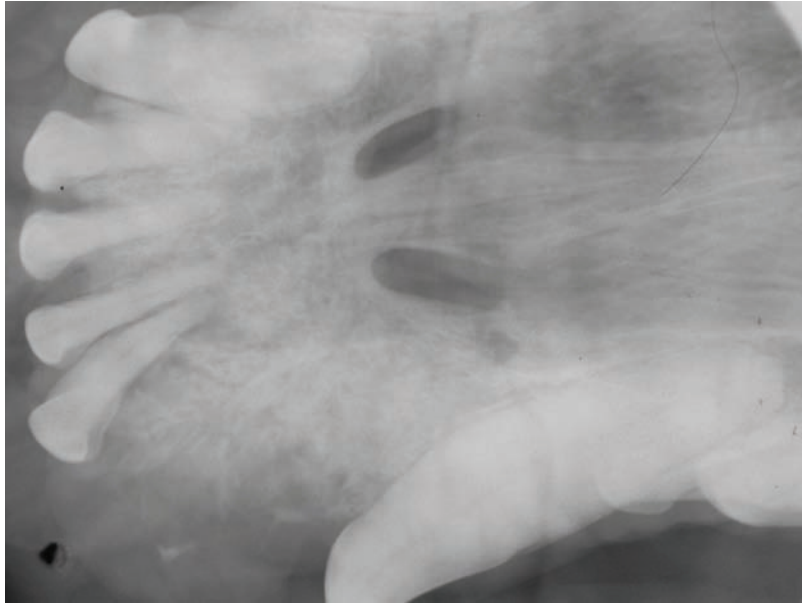
**Signalment and History:** An eight year old spayed female Labrador Mix was referred for surgical removal of a rostral maxillary oral mass. The referring veterinarian had performed an incisional biopsy and the histopathological diagnosis was acanthomatous ameloblastoma. This mass occupied the general area between the left 2nd incisor and the left canine tooth, extending onto the hard palate.



Oral Mass



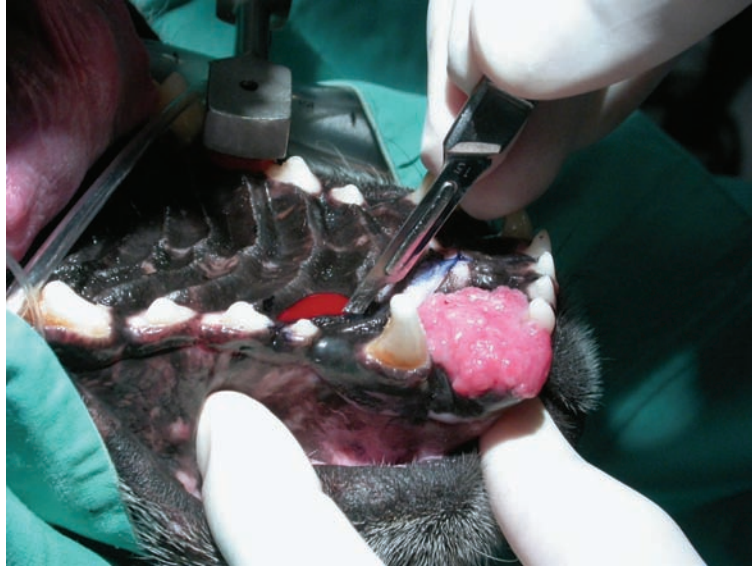
**Procedures:** The patient was placed under general anesthesia for a complete oral exam and intraoral radiographs. These radiographs showed the extent of the mass and revealed that the 3rd incisor was missing. A CT scan had previously been performed to help delineate the necessary margins for complete surgical removal of this mass.



A felt-tip pen was used to outline the proposed incision in the oral tissues, allowing for a minimum of 1 cm margins around the mass.



The incision began between the left 1st and 2nd premolars, across the hard palate, between the right 1st and 2nd incisors, apically across the mucogingival line, and back to the starting point.



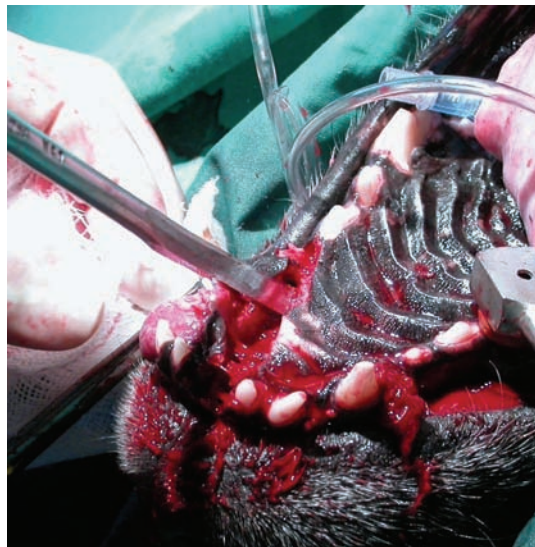
A # 2 Molt periosteal elevator was used to lift the soft tissues from the underlying bone.



A Lindemann bone bur was used to create a line of perforations through the maxilla and incisive bone, following the path of the soft tissue incision.



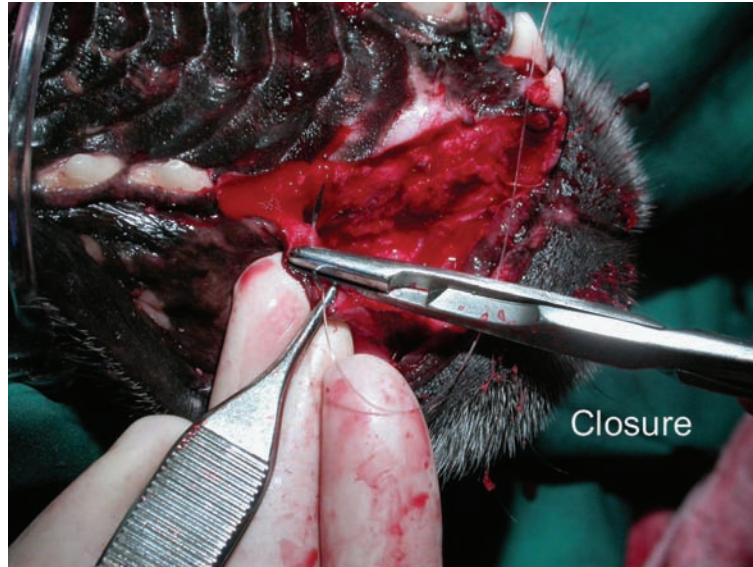
A bone chisel was used to sever the bone through these perforations by “connecting the dots.”



The oral mass, surrounding bone, and the associated teeth were removed “en bloc.”



Closure was accomplished in two layers of 3-0 PDS in a simple interrupted pattern.



**Discussion:** Acanthomatous ameloblastoma is classified as a benign tumor, meaning that it does not metastasize to distant locations. It is, however, known to be very aggressive locally, commonly invading neighboring bone. It is therefore important to take a minimum of 1 cm margins surrounding the edges of the mass to ensure complete removal and a curative surgical procedure. A CT scan is helpful in defining these margins.

Histopathological examination of the resected en bloc mass revealed clean margins and the patient exhibited a pleasing cosmetic result.



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