Fig. 2. Intraoperative clinical photograph showing the piece of gauze that was retrieved from the right maxillary sinus.

Conclusion

To eliminate the risk of gossypibomas, all sponges should be counted at least twice, (once preoperatively and once post-operatively) the use of small sponges should be avoided, and only sponges with radiopaque markers should be used.

Ethics statement/confirmation of patient's permission

Ethics approval was not required as the patient's consent was obtained.

Conflict of interest

We have no conflicts of interest.

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Mathew P.C.
Rohini Kanitkar*
Arun Ramaiah

Department of Cleft and Craniofacial Unit, St. Thomas Hospital, Malakkara, Pathanamthitta, Kerala, India
* Corresponding author.
E-mail addresses: drmathewpc@gmail.com (M. P.C.), kanitkar18@gmail.com (R. Kanitkar), drarunramaiah@gmail.com (A. Ramaiah)

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Rapidly progressing myofibroma of the gingiva- a rare occurrence

Sir,

Myofibromas, (fibroblastic proliferative lesions that can progress and develop as soft tissue tumours) are rare benign neoplasms with a predilection for the head and neck region. They can affect the oral mucosa or the bones of the maxillo-facial region.

A 53-year-old woman presented with a 4week history of a rapidly growing lesion in the gingivae of the right lingual molar region. Clinically this was friable and resembled a pyogenic granuloma, measuring 2 cm in maximum dimension. The adjacent teeth were vital and no bone loss was evident on orthopantomogram. There was no ulceration or cervical lymphadenopathy. An incisional biopsy was suggestive of a myofibroma with excision being recommended for definitive diagnosis. However, in the 2-week wait before excision, the lesion enlarged rapidly to the extent of affecting her bite, and caused bleeding and pain (Fig. 1). Excision confirmed a myofibroma with an incomplete margin where it was attached to the lingual mandible (Fig. 2).

These rare entities are not well known in OMFS. Differential diagnosis includes pyogenic granuloma, fibrous epulis, peripheral giant cell lesions, and more aggressive lesions such as sarcoma and spindle cell tumours. Rapid progression can occur (as in this case) which can mimic malignancy.[1]

Intraorally myofibromas are commonly reported on the tongue followed by the buccal mucosa and gingivae. They are more common in males, with other 90% occurring before the age of 2 years.[2]

Fig. 1. Preoperative photograph showing the lesion.

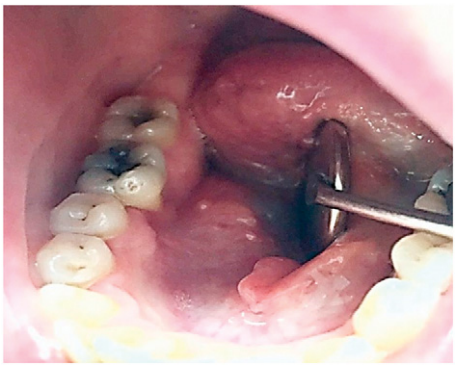

Fig. 2. Postoperative photograph showing the surgical site.

Treatment of the solitary lesion is excision. Local recurrence is reported in up to 31% of the cases.[3] The prognosis of the tumour is typically excellent for solitary myofibromas.

Conflict of Interest

We have no conflicts of interest.

Ethics statement/confirmation of patients' permission

Ethics approval not required. Patients' consent obtained.

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B. Srinivasan*
ST 7, Department of OMFS, Queen Alexandra Hospital, Cosham, UK

Z. Al- Asaadi
ST 3, Department of OMFS, Queen Alexandra Hospital, Cosham, UK
R. Anand
P.A. Brennan
Department of OMFS, Queen Alexandra Hospital, Cosham, UK
* Corresponding author. Tel.: +44 7910187543.
E-mail address:
Badrinarayanan.srinivasan@porthosp.nhs.uk
(B. Srinivasan)
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Application of a digital guide in the removal of foreign body from the maxillofacial region

Sir,

We report an 11-year-old boy with extensive facial contusions who had had an emergency operation to remove 12 pieces of glass after an accident. Cone-beam computed tomography (CT) showed that there were still 2 pieces left in the right side of his face 2 months later, so we used a digital guide to locate and remove them successfully.

Injuries of the maxillofacial region are common because of its prominence,[1] and foreign bodies can be difficult to remove depending on their size, difficulty of access, and proximity to vital structures.[2]

After the first operation he had complained of abnormal sensation in the right side of his face, and we used cone-beam CT to locate the glass. We removed it using a minimally-invasive method after a 3-dimensional magnesium light Artec Eva (Inition) scanner had been used to obtain his facial soft data. We imported the DICOM data into Mimics 19.0 (Materialise) to make a 3-dimensional reconstruction of the bone, facial soft tissue, and foreign bodies. We saved the data as STL files and transferred them to Geomagic studio 2014 (Geomagic Inc) to design the soft-supported digital guide. We then cut two holes into the guide to locate the foreign bodies and measure their depth (Fig. 1).

We downloaded the STL data into a 3-dimensional printer (FlashForge Guider II, FlashForge) to create the models using polylactic acid. We marked the area with a surgical pen and injected 1% lidocaine 5 ml with 1:200 000 adrenaline around

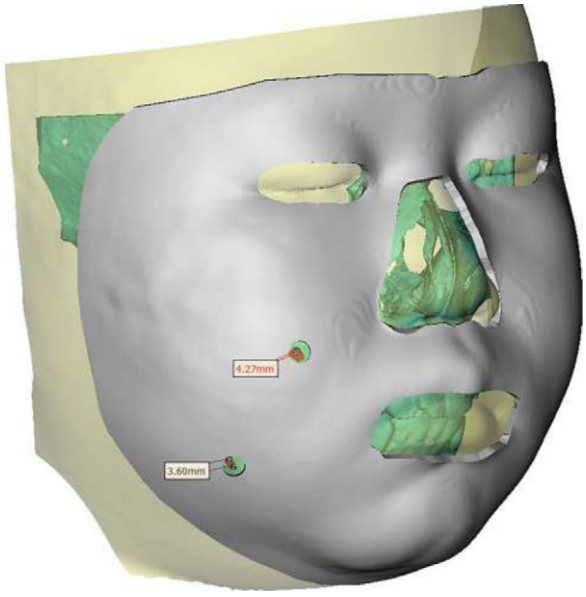

Fig. 1. Three-dimensional reconstruction models and images of the design of the digital guide. The green model shows bones; the red models show foreign bodies; and the yellow model shows facial tissues. The white model shows the digital guide and the measurement indicates the depth from the skin to the foreign bodies.