

7. *Olasoji H.O., Enwere O.N. Treatment of Ameloblastoma-a review. Nigerian J Med. 2003;12(1):7-11.*
8. *Arotiba J.T., Ogunbiyi J.O., Obiechina A.E., Odontogenic tumours: a 15 -year review from Ibadan, Nigeria. Br J Oral Maxillofac. Surg. 1997;35(5):363-7.*
9. *Aregbesola S.B., Ugboko V.I., Akinwande J.A., Arole G.F., Fagade O.O., Orofacial tumours in suburban Nigerian children and adolescents. Br: J Oral Maxillfac Surg 2005;43(3):226-31.*
10. *Fitzgerald G.W.N., Frenkiel S., Black M.J., Rochon L., Baxter J.D., Ameloblastoma of the jaws; a 12 years review of the McGill experience. J of otolaryngology 1982;11:(1):23-28.*
11. *Pramulio T.H.S., Said H.M., Kozlowski K. Huge ameloblastoma of the Jaw (report of three cases. Australasian Radiology. 1985;29(4):306-310.*
12. *Arotiba G.T., A study of orofacial tumours in Nigerian children. J Oral & Maxillofacial Surgery, 1996;54(1):34-9.*
13. *Ajayi O.F., Ladehinde A.L., Adeyemo WL, Ogunlewe M.O. Odontogenic tumours in Nigerian children and adolescents- a retrospective study of 92 cases. World J Surg Oncol. 2004;27;2(1):39-41.*
14. *Slootweg P.J., Miller H. Fibrosarcoma of the Jaws J. Max Fac.Surg. 194;12;157-162.*
15. *Oji C. Late presentation of orofacial tumours. Journal of Cranio- Maxillo-facial Surgery: 1999;27(2):94-9.*
16. *Onuigbo W.I.B., Jaw tumours in Nigerian Igbos. Br: J Oral Surg. 1977-78;15:223-226.*

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

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:

1. *Adebayo ET, Ajike SO, Adekeye EO. A review of 318 odontogenic tumors in Kaduna, Nigeria. J Oral Maxillofac Surg. 2005;63(6):811-9*
2. *Ladeinde AL, Ajayi OF, Ogunlewe MO, Adeyemo WL, Arotiba GT, Bamgbose BO, Akinwande JA. Odontogenic tumors: a review of 319 cases in a Nigerian teaching hospital. Oral Surg Oral Med Oral Pathol Oral Radiol Endod. 2005;99(2):191-5*
3. *Amusa YB, Adediran IA, Akinpelu VO, Famurewa OC, Olateju SO, Adegbeingbe OD, Komolafe EO Faponle AF, Olasode BJ. Burkitt's lymphoma of the head and neck region in a Nigerian tertiary hospital. West Afr J Med. 2005;24(2):139-42*

Ajoy Roychoudhury
Department of Dental Surgery
All India Institute of Medical Sciences
New Delhi 110029. INDIA
Email: ajoy@aiims.ac.in