

Tumour removed, jaw rebuilt

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(Before) Man with 5.3KG tumour; (After) Tumour, including the lower jaw, was removed in a 12-hr-long surgery

KOCHI: A 5.3kg cancerous tumour was removed from the left lower jaw of a 53-year-old man in a city hospital. The tumour was bigger than his face.

Majeed (53) had chondroblastic osteosarcoma (COS) that occurs predominantly in the head and neck regions.

Osteosarcomas of the jaws are rare with an estimated

incidence of 1 case per 1,00,000 persons per year. Doctors at the Amrita Institute of Medical Sciences (AIMS), where the tumour was removed and his lower jaw reconstructed, believe that such a huge 20X15X10cm jaw tumour is rarely found in medical literature. "The tumour, including the lower jaw, was removed in a 12-hour surgery. A new lower jaw was reconstructed using his leg bone. After the surgery he could not move his lips. We reconstructed his lips as well. After three weeks, he could eat and talk and he is doing well now," said Dr Subramania Iyer, chairman, plastic and reconstructive surgery at AIMS, who headed the 12-member team.

Majeed was running a grocery shop in Palakkad, when he was detected with COS in 2008 after a tumour started growing on his right lower jaw. He was treated in a cancer centre in the state and a part of his jaw was removed. But two years later, the disease recurred, again at the right lower jaw, and he needed another surgery. By 2016, COS recurrence was detected on the other side of the jaw.

Around this time, he heard about a case in which doctors at AIMS removed a 4.8kg tumour from the upper jaw of a Jharkhand boy named Amar.

"While Amar's tumour was benign, Majeed's was cancerous. In Majeed's case, the removal of the tumour as well as reconstruction of the lower jaw was a great challenge as there was no base to fix it," said Dr Iyer. "But Majeed had low grade cancer and he was young. We realized the chance of recurrence could be reduced after the removal of jaw bone," he said.

Before going ahead with the surgery, the doctors made sure the cancer had not spread. The tumour's removal was complicated due to its huge size and the involvement of the lower jaw. The amount of blood loss was a cause of worry, but it was controlled by blocking blood vessels to that part of the face. "As there was no lower jaw remaining, we fixed the leg bone with titanium plates to the upper jaw and with wires to the skull. The plates will be removed after six months, while the wires can remain," added Dr Iyer.