



Demographic Pattern And Diagnostic Spectrum Of Oral And Maxillofacial Lesions

A 10-Years Retrospective Study At Isra Dental College, Hyderabad

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ISRA DENTAL COLLEGE

BACKGROUND

The oral cavity contains diverse tissues and may develop a broad spectrum of reactive, inflammatory, infectious, immune-mediated, benign and neoplastic lesions [1]. Malignant lesions contribute substantially to morbidity and mortality [1,2]. Knowing their prevalence, site and distribution supports early recognition, accurate diagnosis and management [1].

RATIONALE & OBJECTIVE

Oral and maxillofacial lesions vary by age, gender and disease category. A 10-year review of histopathologically confirmed cases can define the local diagnostic spectrum and support clinical management.

Objective: To evaluate the pattern and distribution of oral and maxillofacial diseases diagnosed at Isra Dental College, Isra University, Hyderabad, from 2013 onwards.

METHODOLOGY

Design: Retrospective descriptive observational study

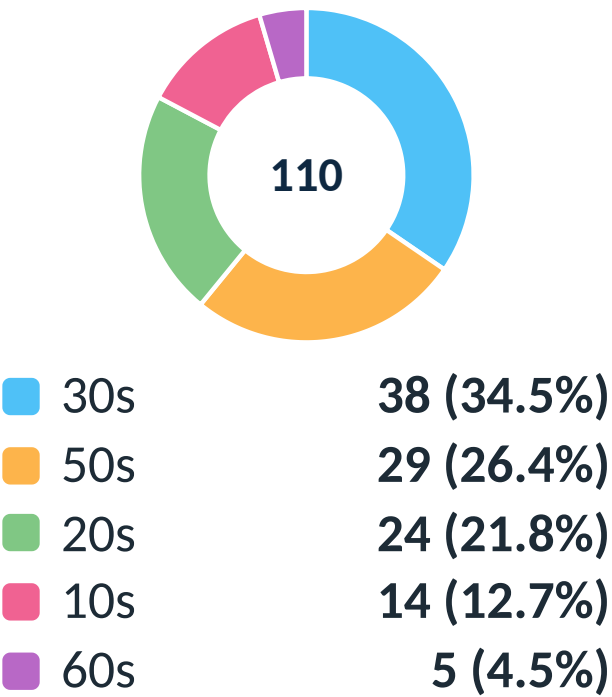
Data: Institutional histopathological database, using predefined inclusion / exclusion criteria

Sample: 110 confirmed cases (N=110) with oral and maxillofacial lesions

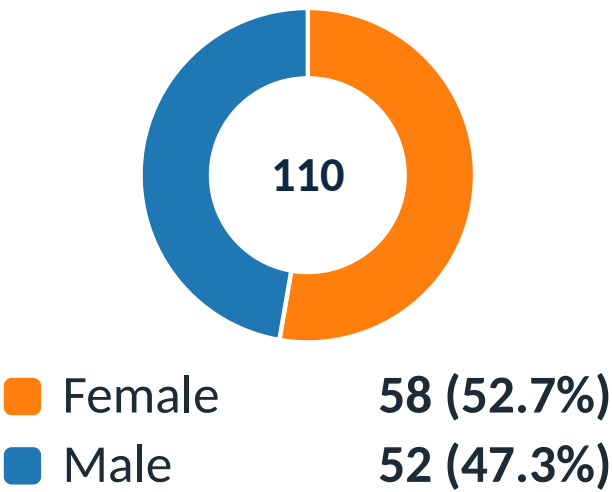
Tools: Microsoft Excel for data entry, cleaning & organization

RESULTS

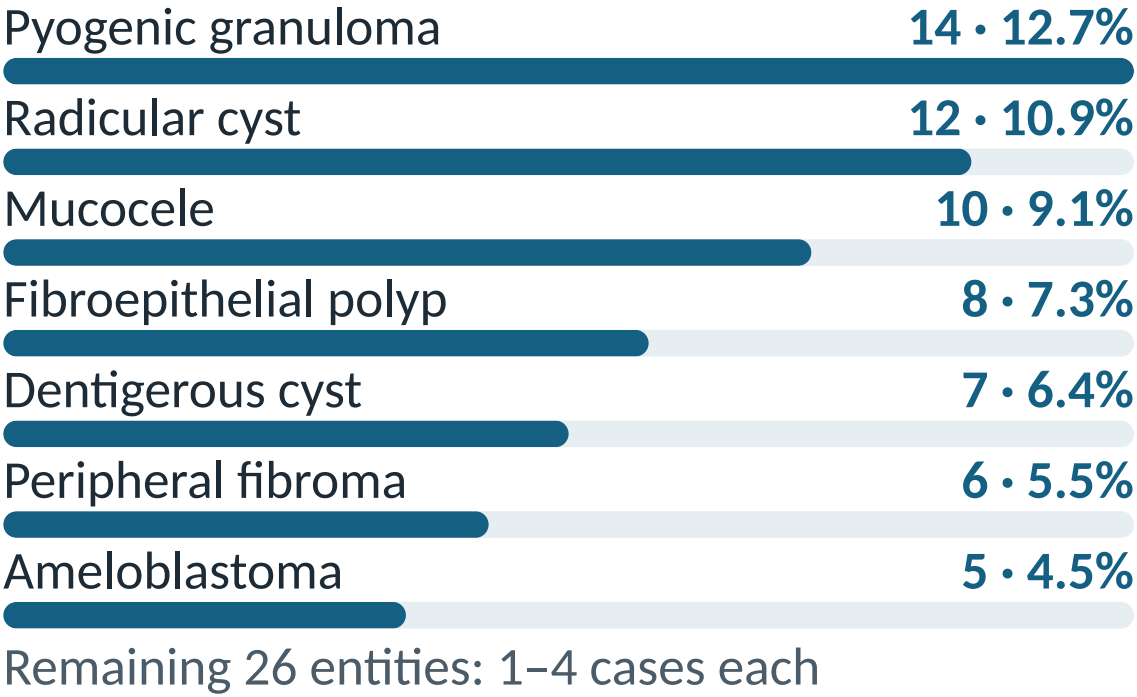
Age Decade (N=110)



Sex Distribution (N=110)



Most Frequent Diagnoses (cases)



DISCUSSION

- **Cystic lesions:** 28.2% (31/110), comparable to 29.2% radicular cysts in 4,983 radiolucent lesions [3].
- **Tumors / neoplasms:** 19 cases (17.3%), incl. ameloblastoma, lymphoma, pleomorphic adenoma.
- **Ameloblastoma:** most frequent odontogenic tumor (36.9% in a systematic review) [4].

LIMITATIONS & FUTURE DIRECTIONS

- Small sample (110 cases) may limit statistical power and generalizability.
- Data from a single institution: Isra Dental College, Hyderabad.
- Future: larger samples and multicenter studies across dental institutions of Sindh.

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