

Oral Surgery Club of Great Britain

Pendley Manor meeting 4th November 2022

The Autumn Meeting of the OSCGB was held at Pendley Manor near Tring under the presidency of Bhavin Visavadia. An interesting programme of talks was presented, principally by members of the local medical establishment.

The meeting commenced with a presentation on **neurosurgery and craniofacial surgery** by Mr Kevin Tsang, consultant in neurosurgery and craniofacial surgery. He described his multi-specialty working life with maxillofacial, plastic, ENT and ophthalmic surgeons, noting that the logistics of assembling an appropriate team was usually more of a challenge than the case. He also pointed out that there was no formal craniofacial component to neurosurgical training, low case numbers and no Training Interface Group, with a reliance on rare fellowships, resulting in notable challenges in training the next generation of neurosurgeons in this area. He used several cases to highlight principles of treatment; initial treatment of major trauma was focussed on damage control with resuscitation, stabilisation, and avoidance of infection. Anatomical reconstruction is delayed and starts with the facial skeleton, as there is more leeway with the skull component. The contemporary approach to treating penetrating injuries is to avoid wide exposure, with its accompanying long recovery, with removal of the penetrating object and an on-table angiogram. Any bleeding is controlled by embolization. Finally, 3D printed models and images are used for planning and making cutting guides to assist in the management of syndrome deformities.

Advances in head and neck surgery were outlined by Mahesh Kumar and Abdul Ahmed, maxillofacial consultants at Northwick Park Hospital. The management of giant cell lesions in the mandible has been transformed by using the human monoclonal antibody Denosumab to inhibit osteoclast formation and function, inhibiting bone lysis and promoting reossification. Calcium levels need to be monitored and review for recurrence undertaken. Similarly, the management of ameloblastoma is benefitting from the use of BRAF inhibitors such as Dabrafenib and Trametinib to interfere with cell proliferation and shrink ameloblastomas with a smaller resection being required. Cancer surgery is benefitting from technological advances. Isotopes and SPECT facilitate sentinel node dissection although there is no consensus yet. 3D planning and cutting guides assist bone resection and the harmonic scalpel and robots may play a role in clean dissection and hard to access areas. Augmented reality can help identify fibula flap skin perforators and doppler probes can assist anastomosis monitoring. Future innovations may include genetic testing to assess prognosis, stem cell technology to grow organs. The use of mixed reality devices and Artificial Intelligence is a new field of research.... who knows, we may all end up working from home.

Following this tour of the surgical horizon, **advances in head and neck oncology** was the subject of a presentation by Dr Kevin Chiu, consultant clinical oncologist at the Mount Vernon Cancer Centre. Proton radiation effectively treats the therapeutic area, sparing surrounding tissue and reducing side effects but is expensive. FLASH radiotherapy, where ultra-high dose rate radiation is delivered to the target so speedily

that there is little surrounding tissue reaction, appears to markedly reduce side effects but is not currently applicable to oral cancer. Artificial Intelligence is complex and evolving but shows promise in many areas including tumour delineation, motion management, decreasing image artefacts and improving radiological diagnosis. Immunotherapy is generally taking over from chemotherapy but has not been shown to improve outcomes in head and neck cancer. The advantage of prompt adjuvant treatment in advanced head and neck cancer is highlighted by seeing 50% 5-year survival if treatment is commenced within 6 weeks compared to 20% 5 year survival if delayed.

Before lunch Fiona Murden, an organisational psychologist, discussed aspects of **psychology in surgery**. Role models can affect your knowledge, behaviour and mood and they vary throughout your life. They may be aspirational; 'heroes', situational; colleagues or personal; close relationships such as parents, partners and trainers. The closest role models have the biggest effect which is 95% unconscious and only 5% conscious. Knowing that it is occurring, one can actively use it in seeking effective mentoring or use this knowledge to optimise mentoring to others. When it works well, mentoring can improve communication, knowledge, leadership and empathy skills.

After lunch, Professor Kathy Fan surveyed **advances in skin cancer** management. Benign and malignant skin lesions are common, especially on sun exposed skin, with immunosuppressed transplant patients posing a special risk. Diagnosis is aided by imaging with dermatoscopy and confocal microscopy playing a role and more extensive imaging including PET, CT and MRI for melanomas. Computer aided diagnosis and AI will play an increasing role in the future. Biopsy of most lesions is required with excision, including MOHs excision for BCC's, with an adequate margin aiming to optimise outcome. Sentinel node biopsy and immunotherapy are playing an increasing role in melanoma management. The importance of prevention was stressed with sun protection, Vitamin B3 to enhance DNA repair and secondary protection with retinoids in high-risk patients all playing a role.

Next, Geoff Chiu gave an **oral surgery update**, concentrating on third molar problems. A re-evaluation is underway because the NICE guidelines only address symptomatic third molars whereas, in reality, late caries affecting lower second and third molars can result in later pain and infection and may involve the loss of four teeth instead of two. Standard imaging is usually adequate with CBCT only indicated if findings are likely to change the management. Coronectomy could be considered in selected cases, to reduce risk of nerve damage, but an appreciation of the risks of this approach with later complications such as infection and cyst formation is required. An evidence-based approach shows retaining lower third molars involves a 30% risk to adjacent second molars and surgery over the age of 25 years results in increased complications. Chlorhexidine mouthwashes reduce the risk of dry socket and parenteral pre-operative steroids decrease post-operative pain, trismus and swelling. Considerations for the treatment of symptomless but at risk third molars include removal if there is a high chance of disease but surveillance if there is a risk of complications.

Finally, Mike Amin gave an account of his experiences of **wildlife photography** during several trips to South America. He gave a richly illustrated account of trips to the

Galapagos islands, Ecuador, Brazil and Columbia encountering fauna from land; iguanas, anteaters, pythons, sea: seals, sharks, turtles and air; many varieties of exotic birds.

In the evening, the group were transported to the historic Ashridge House, inconsiderate roadworks elongating the journey. After a private tour and drinks the Annual Club Dinner was enjoyed and the party returned to Pendley Manor Hotel to reflect on a successful meeting.

Jonathan Hayter

Honorary Secretary