TURKISH ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGERY

TAOMS 1985 40TH YEAR 2025

TURKISH ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGERY

32nd INTERNATIONAL

SCIENTIFIC CONGRESS

TAOMS'25

TAOMS 2025 PROCEEDING BOOK

05-09 NOVEMBER 2025

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Antalya, Türkiye

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The full texts of oral and poster presentations at TAOMS 2025 will be published as a separate booklet in PDF format on the association's website and the conference website after the congress. Therefore, the texts must be submitted through the system in accordance with the guidelines provided in the writing manual outlined here.

It is recommended that authors directly write their papers into this document, as it follows the same formatting rules specified in the content of this document.

This booklet will be published in English. After the English title and abstract, the English full text will be included. The writing rules for the submitted texts are as follows, based on the classification of the texts (original research, case report, review):

1- Original Article and Review

In research articles, the English title followed by the English abstract will be included.
English Title: The title should be as concise as possible (maximum of 100 characters) and clearly reflect the content. All letters in the title should be capitalized. The title must be written in Times New Roman font, size 15, and in bold.
English Abstract: The abstract should not exceed 250 words. The English title, abstract, and keywords should fit on the first page.
Research Article English Abstract: The abstract should consist of no more than 250 words and must include the following sections:

- Objective
- Materials and Methods
- Results
- Conclusion
- Key Words: The keywords should consist of 3 words.

Full text of the research article: The article should not exceed 2500 words, excluding the references, abstract, and figure/table captions.

- Introduction
- Materials and Methods
- Results
- Discussion
- Conclusion
- References
- Figures
- Tables

2- Case Report

The full text of the research article should not exceed 1000 words, excluding the references, abstract, and figure/table captions.
Abstract should consist of no more than 250 words and must include the following sections:

- Objective
- Case
- Conclusion

After the abstract, the following sections should follow:

- Introduction
- Case Report(s)
- Discussion
- Conclusion
- References
- Figures
- Tables

Page, Font, and Heading Layout

The paper should be formatted in A4 size (210x297 mm). A margin of 2 cm (0.79 in) should be left on the right and left sides, and a margin of 2.2 cm (0.86 in) should be left on the top and bottom. The font for all characters used in the text must be Times New Roman. The text should be written in 12-point font size, with 1.5 line spacing, and the text should be justified. There should be a 10 pt space between paragraphs.

For level 1 headings, bold font in 14-point size should be used. The heading number should be positioned 0.5 cm (0.19 in) from the left margin, and the first character of the heading should be 1 cm (0.38 in) from the left margin. There should be a 18 pt space above and below level 1 headings.

Level 2 Heading Layout

For level 2 headings, bold font in 12-point size should be used. The heading number should be positioned 0.6 cm (0.24 in) from the left margin, and the first character of the heading should be 1.3 cm (0.51 in) from the left margin. There should be a 6 pt space above and below level 2 headings.

Table and Figure Layout

The font used for tables and figures should be Times New Roman, 11-point size. Each figure (Figure) should have a caption below it, and each table should have a caption above it. Tables and figures should be referenced within the article in parentheses. Abbreviations used within the table should be explained in the table caption.

Figure 1: Example of a figure caption.

	Normal	Level 1 Heading	Level 2 Heading
Font	Times New Roman, Size 11pt	Times New Roman, size 14 pt, Bold	Times New Roman, size 12 pt, Bold
Numbering	----	1, 2, 3,…	1.1, 1.2, 1.3,…
Spacing	1.5 line spacing, 10 pt space between paragraphs	18 pt space above and below	6 pt space above and below

Figures should be saved in **JPEG or TIFF format**, with a pixel size of approximately **500×400** and a resolution of **300 dpi**, and submitted online.

For **histological section photographs**, the magnification and staining technique should be specified.

Figures and tables should be numbered in the order they appear in the text, in parentheses.

Figures and tables should be placed on separate pages at the end of the paper, after the references, along with their captions (Figures on one page, tables on another).

References

References should be numbered in parentheses within the text and listed in the reference list in the order they are cited in the text. The following information should be provided for references:

If the reference is an article: **Author's last name**, initial(s) of the first name, other authors. **Full title of the article. Journal name**.

Name. Year: Volume: Issue: Starting and Ending Page Numbers.

Example:
Kaya, E., Demir, M., Çelik Z. Talaş Kaldırmaya Etki Eden Faktörler. TMMOB MMO Mühendis ve Makina Dergisi. 2011: 51:358:2-11.

If the reference is a book:

Author's last name, initial(s) of the first name, other authors. Year of publication. **Title of the book**, volume number (if applicable), editor(s) (if applicable), publisher or ISBN number, publisher, place of publication.

Example:

Kurt Ö., 2007, Geometrik Toleranslar, ISBN : 978-975-51-488-0, Birsen Yayınevi, İstanbul

PULMONARY CANCER METASTATIC TO MANDIBULA: A CASE REPORT

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Abstract

Objectives: Lung cancer is the most common cancer in the world and is one of the leading causes of cancer-related deaths in both sexes. Despite improvements in treatment and duration of treatment, overall survival in these patients is still short. Mandible metastasis originating from lung cancer is very uncommon.

Case report: A 56-year-old female patient was admitted to our clinic with pain and swelling in the right mandible. As a result of the evaluations made, surgery was decided. Postoperative biopsy revealed a metastatic carcinoma of the primary lung.

Conclusion: The differential diagnosis of mandibular lesions should be made very carefully and metastatic tumors should be kept in mind. It should be considered that metastatic tumors may occur in the head and neck region in patients with a history of lung tumors. Pain in the teeth, tooth loss should be taken into account, biopsy should be made after the necessary radiological examinations.

Key words: Lung cancer, mandible, metastasis

1. Introduction

Lung cancer is the most common type of cancer after prostate cancer and accounts for approximately one third of all cancer deaths. Human speed reaches the peak after age 75. Turkey 'is calculated as the expected annual number of 30 239 new cases. More than 90% [illegible]ses are male and 90% of the patients have a role in the etiology (1-3).

Mandibular metastas[illegible] very rare. The inv[illegible]nt of [illegible]se meta[illegible]hich are more common in [illegible]y to seventy years o[illegible] [illegible]ally [illegible]used by [illegible] cancers in mal[illegible]nd breast cancers in females[illegible]tients [illegible]and [illegible]e asis, usually clinical [illegible]ptoms such as swelling and pain i[illegible]he j[illegible]pai[illegible]een and tooth l[illegible]y occur. Although bone injury can be diagnosed b[illegible]dire[illegible]ography, comp[illegible]mography (CT), which is widely used today, provides more detaile[illegible]nd mor[illegible]ssful results in evaluating bone structure. Metastatic tumors constitute approximately 1% of mandibular malignancies (4-7).

2. Case Report

A 56-year-old male patient was admitted to our clinic with painful swelling in the right mandible and numbness of the lips. The patient's anamnesis revealed no systemic disease, and had been smoking for 40 years. Intraoral examination revealed a painful mass and a numbness in the right lower lip with the right mandibular posterior region extending to the ramus region. Panoramic and CT image examination of the patient revealed a lithic area in the right mandibular ramus region, which was located inside the mandibular canal. The patient was operated under local anesthesia with a preliminary diagnosis of intraosseous schwannoma. The lesion was excised i[illegible] parts. [illegible]here was neuroinvasion. The piece was referred to the pathology clinic f[illegible]amination. Hist[illegible]hol[illegible]ical and immunohistochemical investigations revealed th[illegible] primary carcino[illegible] was lu[illegible]

3. Disc[illegible]ion

Lung [illegible]ncer is [illegible]f t[illegible]most common ty[illegible]ancer. It is the most common cause of cancer-related [illegible]aths in developed a[illegible]veloping countries. It is the most common malignancy caused by cance[illegible]elat[illegible]ms. Local or distant metastasis is a condition encountered in the clinical course of the disease. The most common sites of metastases are regional lymph nodes, brain, bone, adrenal glands (1,2,6).

If the primary lung lesion is controlled and there is no metastasis at another location in the body, surgical excision of the metastatic foci in the oral cavity can be performed. However, in order to

provide local control of the lesion and better quality of life in the common disease, appropriate radiotherapy can be applied to these cases (1,2,6).

Metastatic lesions of the mandible are very rare. Mandibular metastases originate from breast (25%), lung (13%), prostate (10%), colon (7%), thyroid gland (3%) and kidneys (3%). Tumors with mandibular metastasis usually present with clinical symptoms such as swelling, loss of teeth and trismus in the jawbone. Due to the possibility of this clinical condition being confused with periodontal diseases, differential diagnoses should be performed carefully in the differential diagnosis of mandibular metastases, primary bone tumors, mucoepidermoid carcinoma, primary intraosseous squamous cell carcinoma, ameloblastoma, adenocarcinoma, soft tissue diseases should be kept in mind (2,7,8).

4. Conclusion

Detailed systemic anamnesis and full head and neck examination are important in accurate diagnosis. In addition, radiological examination is of great importance. Direct radiography, bone scintigraphy, CT, MRI are frequently used imaging techniques. Ultrasonography in head and neck tumors is one of the first radiological investigations to be able to make differential diagnosis. However, the definitive diagnosis of metastatic tumors of the mandible is made by histopathological examination.

5. References

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6. Figures

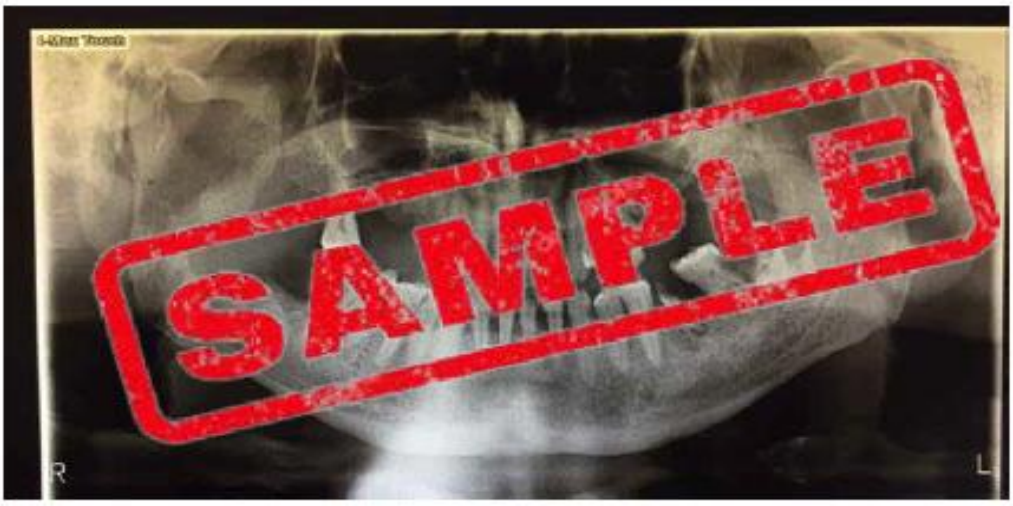

Figure 1: Radiological appearance of the lesion

Figure 2: Excision of the lesion with operation

Figure 3: Image of lesion

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