

Oral Pathology - Cysts, Tumours & Biopsies

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Oral Pathology - Cysts, Tumours and Biopsies

What Is Oral Pathology?

Oral pathology encompasses the diagnosis, management and surgical treatment of diseases, growths and abnormalities affecting the mouth, jaws and surrounding structures. This includes cysts, benign tumours, pre-cancerous lesions, oral cancers and a range of other conditions that may develop in the oral and maxillofacial region.

At Collins Street Specialist Centre, our oral and maxillofacial surgeons are specifically trained to identify, biopsy, diagnose and surgically treat the full spectrum of oral pathological conditions.

When Might You Need an Oral Pathology Assessment?

You may be referred to an oral and maxillofacial surgeon for oral pathology concerns if you have:

- **A persistent lump or swelling** in the mouth, jaw, face or neck that does not resolve
- **An unusual lesion or ulcer** that has been present for more than two to three weeks
- **White or red patches** on the oral tissues (leukoplakia or erythroplakia) that may indicate pre-cancerous changes
- **Numbness or tingling** in the lip, tongue or face without an obvious cause
- **A cyst detected on X-ray** during routine dental examination
- **Jaw swelling or expansion** that may indicate a developing cyst or tumour
- **Difficulty swallowing, persistent sore throat or voice changes** that your doctor or dentist has identified as potentially oral in origin
- **A biopsy recommendation** from your general dentist or medical practitioner

Common Oral Pathological Conditions

Cysts are fluid-filled sacs that can develop within the jawbone or soft tissues. Common types include dentigerous cysts (associated with unerupted teeth), radicular cysts (arising from infected teeth) and keratocystic odontogenic tumours. If left untreated, cysts can gradually expand, weakening the jawbone and damaging adjacent teeth.

Benign tumours such as ameloblastomas, odontomas and fibromas are non-cancerous growths that may still require surgical removal due to their size, location or potential to recur.

Oral cancers include squamous cell carcinoma (the most common), salivary gland tumours and other malignancies. Early detection is critical - the five-year survival rate for oral cancer detected at an early stage is significantly higher than for late-stage diagnoses.

Pre-cancerous conditions such as oral leukoplakia (white patches), erythroplakia (red patches) and oral submucous fibrosis require monitoring and may need biopsy to determine whether malignant changes are occurring.

What to Expect

Diagnostic Assessment

Your oral and maxillofacial surgeon will begin with a comprehensive evaluation:

- **Clinical examination** of the mouth, jaws, face and neck, including palpation of lymph nodes
- **3D imaging** using the Planmeca ProMax 3D Max to visualise the extent of any bony lesion, cyst or tumour and its relationship to vital structures such as nerves and blood vessels
- **Biopsy** - a small tissue sample may be taken under local anaesthesia for laboratory analysis. This is the definitive method for establishing a diagnosis. Types include incisional biopsy (sampling part of a lesion), excisional biopsy (removing the entire lesion) and fine needle aspiration (for fluid-filled or deep lesions)
- **Pathology review** - the tissue sample is examined by a specialist oral pathologist who provides a definitive diagnosis

Results are typically available within one to two weeks. Your surgeon will discuss the findings with you in detail and outline treatment options.

Surgical Treatment

Treatment depends entirely on the diagnosis:

- For cysts:**
 - **Enucleation** - complete surgical removal of the cyst lining. This is the standard treatment for most jaw cysts and is typically performed under local anaesthesia with sedation, or under general anaesthesia for larger cysts
 - **Marsupialization** - creating a window in the cyst wall to allow it to decompress and shrink gradually before definitive removal. This approach is used for very large cysts where immediate removal would compromise too much jawbone
 - **Bone grafting** may be required following removal of large cysts to restore jaw structure

- For benign tumours:**
 - Surgical excision with appropriate margins to minimise the risk of recurrence
 - Reconstruction of any resulting defect using bone grafts, soft tissue flaps or prosthetic materials
 - Long-term monitoring for recurrence, particularly for lesions such as ameloblastomas

- For oral cancers:**
 - Surgical excision of the tumour with clear margins
 - Neck dissection (removal of lymph nodes) if cancer has spread or is at risk of spreading
 - Reconstruction of the surgical defect - this may involve transferring tissue from other parts of the body (free flap reconstruction)
 - Coordination with oncologists for any additional treatment such as radiotherapy or chemotherapy
 - Rehabilitation including prosthetic reconstruction and speech therapy where needed

Recovery and Aftercare

Recovery varies significantly depending on the nature and extent of the procedure:

- **Minor biopsies and small cyst removals** typically heal within one to two weeks. Mild discomfort is managed with standard pain relief
- **Major cyst enucleation or tumour removal** may require several weeks of recovery. Swelling, bruising and dietary restrictions are common
- **Cancer surgery with reconstruction** involves a hospital stay and a structured rehabilitation programme
- Follow-up imaging monitors healing and checks for recurrence
- Regular long-term review is essential, particularly for conditions with a tendency to recur (such as keratocystic odontogenic tumours) or for patients who have been treated for oral cancer

Why See an Oral and Maxillofacial Surgeon?

Oral and maxillofacial surgeons are uniquely qualified to manage oral pathology because:

- Their dual training in **dentistry and medicine** (15 to 17 years of continuous study) provides the breadth of knowledge needed to diagnose conditions that cross the boundary between dental and medical disciplines - They are trained in **surgical oncology** of the head and neck region, including tumour resection and reconstruction - They can perform procedures under **local anaesthesia, sedation or general anaesthesia** depending on complexity - They have the surgical skills to **reconstruct defects** following tumour or cyst removal, including bone grafting and soft tissue repair - They coordinate with other medical specialists including oncologists, radiologists, pathologists and speech therapists

Our Specialists

A/Prof Patrishia Bordbar - Specialist Oral and Craniomaxillofacial Surgeon. With dual qualifications in dentistry (BDS) and medicine (MBBS Hons) from the University of Melbourne, A/Prof Bordbar is a Clinical Associate Professor at the University of Melbourne and Past President of ANZAOMS. She has extensive experience in the diagnosis and surgical management of oral and maxillofacial pathology, including complex reconstruction. Consultant Surgeon at the Royal Children's Hospital and Western Hospital Melbourne.

Dr Ricky Kumar - Specialist Oral and Maxillofacial Surgeon. Holding dual qualifications in medicine and dentistry, Dr Kumar brings fellowship experience from the Royal Children's Hospital Melbourne and Oxford University Hospitals. He has particular expertise in paediatric maxillofacial pathology.

Please note: Dr Kumar's availability should be confirmed at the time of booking.

Related Treatments

- [Bone Grafting](/oral-maxillofacial-surgery/bone-grafting/) - Jaw reconstruction following cyst or tumour removal - [Facial Trauma Reconstruction](/oral-maxillofacial-surgery/facial-trauma/) - Related reconstructive surgical techniques - [Wisdom Teeth Removal](/oral-maxillofacial-surgery/wisdom-teeth/) - Cysts can develop around impacted wisdom teeth

At Collins Street Specialist Centre, all oral pathology diagnosis and surgery is performed by Dental Board-registered specialist oral and maxillofacial surgeons. To verify a practitioner's specialist registration, visit the [AHPRA Register of Practitioners](https://www.ahpra.gov.au/Registration/Registers-of-Practitioners.aspx).