

EDITORIAL**ORO-FACIAL MALIGNANT TUMOURS IN CHILDREN**

The mention of the words cancer or malignant lesion evokes a feeling of trepidation in the average Ghanaian. There has been quite a number of public education programmes on the incidence and management of cancers of the breast, cervix, lung, and skin in the Ghanaian media such that awareness has increased tremendously. It is not rare to see several women flocking to have free breast and cervical screening carried out whenever these services are provided by private and public organizations. The average Ghanaian also has the perception that cancers are predominantly an adult problem hence little is known about the incidence of oro-facial malignant lesions involving children and young adults.

Oro-facial swellings involving children and the young adult population could be generally grouped into odontogenic infections, cysts and tumours (benign/malignant). The malignant lesions may include cancers, lymphomas, and sarcomas. Brown & Wright, 1967 reported Burkitt's lymphoma (BL) as the most common malignancy of childhood. Oguonu et. Al. examined the epidemiology of BL in Enugu, Nigeria and observed that 86% of their patients were from rural areas. Also 75 % were from lower socioeconomic class. They further reported a higher incidence of BL during the drier seasons and the period of high malaria transmission ($p < 0.05$).

Burkitt's lymphoma (BL) is an aggressive B-cell form of Non-Hodgkin's Lymphoma frequently seen in children and young adults. Out of the three main types of Burkitt's lymphomas known, the endemic type

which is associated with the Epstein-Barr virus (EBV) is mostly found in Africa. This may affect the jaws, kidneys, spleen, liver, bone marrow and other organs. The abdomen was the commonest site of tumor presentation (46%), while the jaw was the second commonest tumor site (31%). A significant association was observed between girls and abdominal tumors ($p < 0.05$)

The Burkitt's lymphoma patient may exhibit signs of fever, malaise and sweating and if the jaw bones are involved could present as an acute swelling which may be misdiagnosed as an acute infection of dental origin. As a result cases of BL affecting the jaw may be referred to the dental surgeon without prior general body examination to exclude other organ involvement. Infant patients with jaw lesions find it difficult or refuse to eat due to the severe pain on mastication and also resist attempts at carrying out any thorough intraoral examination. Detailed examination, radiographs and aspiration biopsy are essential aids to eliminating dental abscess as the diagnosis.

Nkrumah and Perkins (2006) observed that cyclophosphamide induced complete clinical remission in over 75% of the patients irrespective of stage of the disease. Long-term sustained remissions, however, were mostly obtained in patients with localized disease (stage I-II).

Delayed diagnosis and abandonment of therapy by patients may seriously influence the treatment outcome.

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