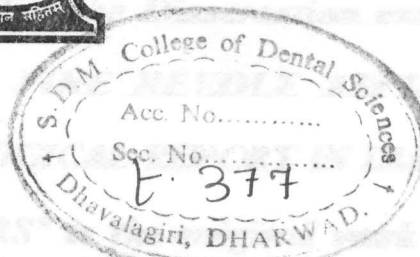


A COMPARATIVE STUDY OF FINE NEEDLE ASPIRATION BIOPSY WITH HISTOPATHOLOGICAL REPORT IN DIAGNOSIS OF HEAD AND NECK TUMORS



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Among the human neoplasia, tumors of head and neck will represent about 5%. Preoperative diagnosis and the anatomy of the area are very important and make the diagnosis a difficult task due to great variety of heterogenous groups of benign and malignant tumors and tumor-like conditions.

Open biopsy always remained mandatory before sacrificing the anatomic structures of the face in an attempt to control the disease. But the open biopsies carry a surgical risk and are contra-indicated in conditions like vascular tumors, salivary gland neoplasia and cervical lymphadenopathy. (Dimitri et al¹¹1997)

In such above mentioned conditions fine needle aspiration biopsy is an alternate method in preoperative diagnosis.

Kun in 1847 was the first to perform aspiration biopsy and showed the tumor cells recovered from the needle are sufficient for microscopic examination. Greig and Gray in 1904 demonstrated the presence of Trypanosomal organisms by performing the aspiration biopsy. Later in the 1930's Martin and Ellis and Stewart performed a large series of aspiration biopsy showing the excellent diagnostic accuracy. After 1950 Franzen et al modified this technique known as fine needle aspiration biopsy by using a needle of 20 gauge.