Συγγραφή και δημοσίευση *παρουσίασης περίπτωσης*

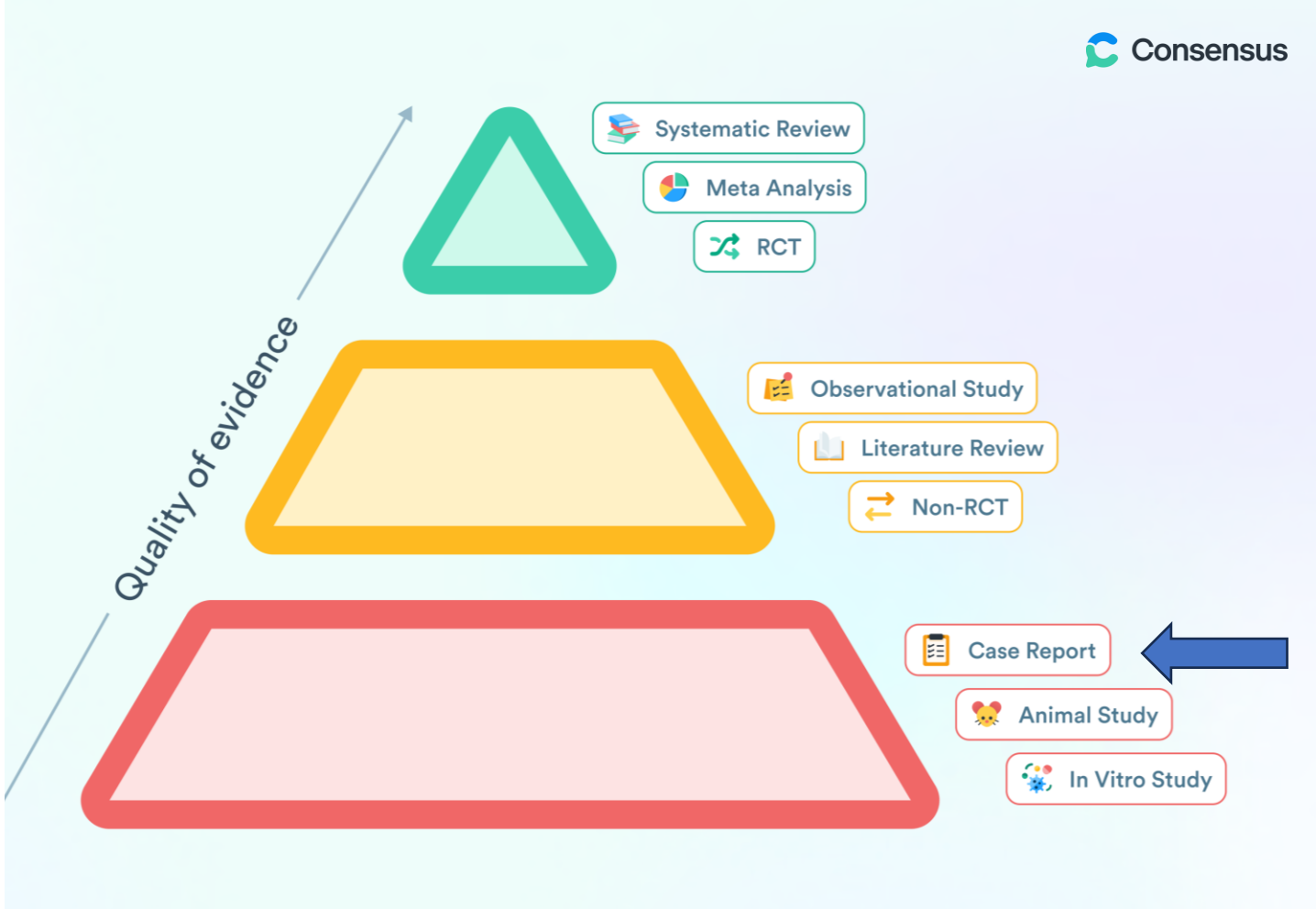
Κωνσταντίνος Ι. Τόσιος

Αναπληρωτής Καθηγητής

Οδοντιατρική Σχολή ΕΚΠΑ


αναφορά
παρουσίαση
περιγραφή
ασυνήθιστη
ενδιαφέρουσα
σπάνια
case
report
ασθενής
περίπτωση
περιστατικό

κατάταξη δημοσιεύσεων με βάση την ισχύ και την αξιοπιστία τους



J Oral Maxillofac Surg
50:304-306, 1992

Metastatic Breast Carcinoma of the Masseter:

Case Report

KONSTANTINOS TOSIOS, DDS,* ANTONIOS VASILAS, DDS,†
AND ADAMANDIOS ARSENOPOULOS, DDS‡

Skeletal muscle metastases are considered quite unusual.[1-3] Autopsy series have reported incidences of 0.8%[4] to 52.4%,[5] depending on the number of muscles and type of malignant neoplasms studied, but clinically apparent involvement is very rare.[1,6,7] The literature consists mainly of isolated case reports.[1-3,6-13]

Clinical presentation of intramuscular metastases is nonspecific. Diagnosis is established by microscopic examination, which reveals nodular[1,14] or diffuse[3,5-8,10,15] infiltration of the connective tissue between muscle bundles by neoplastic cells.

A case of metastatic breast carcinoma presenting as a firm enlargement of the masseter is reported. The histology of the lesion was unusual, as neoplastic cells were seen infiltrating individual myofibers.

Report of Case

A 57-year-old woman was seen in February 1988 with an 8-month history of gradual swelling of the right side of her face and difficulty with mouth opening. She related these symptoms to the extraction of her lower right third molar. Antibiotics and vitamins were unsuccessful in resolving the swelling. Her past medical history disclosed that in May 1986 she had a left radical mastectomy for a moderately differentiated, infiltrative ductal carcinoma. The axillary lymph nodes were uninvolved. Local recurrence or metastatic spread had not been recorded since the operation.

Physical examination showed a diffuse, edematous swelling of the right side of the face (Fig 1). A slightly painful, indurated enlargement of the masseter, which was not fixed to the overlying skin, could be palpated. Intense trismus and deviation of the mandible to the left was noted on attempted mouth opening. The oral mucosa was normal and the extraction site had healed. No palpable lymph nodes were evident. A panoramic radiograph of the jaws did not reveal any bone involvement (Fig 2). Submasseteric abscess and metastatic carcinoma were considered in the differential diagnosis. Conservative treatment was decided on, and the patient was asked to perform hot irrigations for several days. Progress was unsatisfactory and, as a metastatic lesion was also suspected, an exploration of the submasseteric space was performed. After a wide intraoral incision was made at the anterior aspect of the ascending ramus, a mass was seen protruding from the masseter muscle. The adjacent mandibular bone was examined for signs of infiltration, but none was evident. Portions of the mass were removed for histologic examination.

Grossly, the excised tissue specimens, measuring 2 × 1.5 × 0.5 cm, were gray-white and of elastic consistency. Histologic sections showed areas of fibrous connective tissue, striated muscle, and peripheral nerves diffusely infiltrated by neoplastic cells (Fig 3). The cells were mainly arranged in compact groups, lobules, and threadlike strands, and contained dark-staining or vesicular nuclei, with eosinophilic cytoplasm. Some cells with clear cytoplasm were also seen. There were few mitotic figures. An unusual feature was the presence of groups of neoplastic cells inside the sarcoplasm of individual myofibers, surrounded by a rim of residual sarcoplasm (Figs 3, 4). A diagnosis of carcinoma of unknown origin, possibly metastatic, was made. Comparative study with sections from the primary breast tumor confirmed the origin of the lesion.

The patient was referred to a specialized cancer treatment center. Contrast-enhanced computed tomography (CT) of the head and neck showed marked enlargement of the right masseter, without bony abnormality. In April 1988, a radionuclide bone scan with technetium Tc 99m methylene diphosphonate (MDP) revealed increased uptake in the area of the right mandible, which was attributed to isotope localization in the masseteric lesion. Fine-needle aspiration biopsy was positive for metastatic breast carcinoma. Metastases in the liver, sacrum, and pelvis were also detected. Combination chemotherapy with adriamycin, 5-fluorouracil, and endoxan was started, and on completion of one course, palliative ir-

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Oral Oncology

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Letter to the editor

A Warthin tumor-like lesion with a Warthin tumor immunophenotype

Sir,

Warthin tumor (WT), formerly known as adenolymphoma, papillary cystadenoma lymphomatosum, papillary cystadenolymphoma, is the most common oncocytoid salivary gland lesion and the second most common salivary gland tumor [1]. It is uncertain whether it is a neoplasm [2] and is thought to originate from striated ducts of salivary gland tissue entrapped during development in intraparotid and periparotid lymph nodes [3,4,5]. WT is comprised by a well-organized bilayered oncocytic epithelium containing numerous enlarged and pleomorphic mitochondria [6] that forms ductal, cystic, and papillary structures on a prominent lymphoid stroma [1]. It is almost exclusively found in the parotid glands, where multiple lesions may appear synchronously or metachronously in one or both glands, and shows a strong association with old age and cigarette smoking [1,5].

WTs of the minor salivary glands are rarely reported and may represent either "true" WTs [7] or reactive, Warthin tumor-like lesions (WTLL) [8,9]. Iwai et al [7] reviewed 22 cases of intraoral WT showing an almost equal distribution in the buccal mucosa, palate, and lips. dos Santos Almeida et al [8] postulated that minor salivary gland WTs may be misdiagnosed as reactive lesions. On the contrary, Stojanov et al [9] reviewed all documented cases of minor salivary gland WTs and found them consistent with salivary gland cysts with oncocytic change or WTLL. They reported seven such cases (3.6 %) among 177 salivary duct cysts they studied [9].

WTLL may also be seen in obstructive sialadenitis [10], cheilitis/stomatitis glandularis [11,12,13], and minor salivary glands of the larynx [13]. Obstructive sialadenitis is more common in the labial and buccal glands [10], and in the palatal glands of denture wearers [14,15]. Histologically, there is atrophy of the secretory cells, hyperplasia of the ductal epithelium with oncocytic, goblet, ciliated, or squamous cell change, ductal ectasia and stasis of the secretory material or "dyschylia", as well as lymphoplasmacytic infiltration and fibrosis of the stroma [10,13,14,15]. Nearly half of the 92 cases of obstructive sialadenitis studied by Samman and Putzke [10] were strongly reminiscent of WT as they showed oncocytes forming papillary projections and tubular structures, occasionally in association with lymphoplasmacytic infiltration of the stroma. Such cases were most common in patients older than 50 years of age and in decreasing order in labial, buccal, and palatal glands. The term "oncocytosis/oncocytic transformation" was applied instead of "oncocytic metaplasia", as the authors noticed that oncocytes have no "normal" counterpart and are exclusively found in salivary gland diseases [10]. Oncocytic transformation was also reported in the salivary glands found in eight cases of reactive fibroepithelial hyperplasia [10] and adjacent to intraoral WTs [16,17,18].

We performed immunohistochemistry (Benchmark; Ventana Medical Systems, Tucson, AZ) in a small WTLL, consistent with obstructive sialadenitis, incidentally found in an inflammatory papillary hyperplasia of the palate of a 69-year-old male patient (Fig. 1A). The luminal cells showed membranous, mostly apical, positivity for CK8/18 (Leica Biosystems, NCL-L-5D3, 1:200; Fig. 1B); all epithelial cells except the luminal showed cytoplasmic positivity for CK5/6 (Zeta, D5-16B4, 1:100; Fig. 1C); and only the basal cells showed intense nuclear positivity for p63 (GenomeMe, IHCO63, 1:100; Fig. 1D). The stroma showed S100 (GenomeMe, IHC100, 1:100) positive cells, consistent with dendritic cells, and many CD34 (Leica Biosystems, QBEnd/10, 1:100) subepithelial vessels, but no CK8/18 positive cells.

This immunophenotype is similar to that of parotid WT [3,19,20], save for the absence of CK8/18 positive stromal cells that represent extrafollicular reticulum cells of intraparotid or periparotid lymph nodes [3,4] that are not found in reactive [4,21] or tumor-associated inflammation [22]. The study of more cases of WTLL could verify those results.

WT [6], obstructive sialadenitis [10,14,15], and cheilitis glandularis [9,11] are more common in older patients that smoke cigarette. For WT, it has been suggested that smoking increases reactive oxygen species (ROS), in particular free radicals in the cells of striated ducts; free radical damage mitochondrial DNA and reduce the oxidative phosphorylation capacity of mitochondria, and this is compensated by their proliferation [6]. Smoking may also account for the hyperplasia of the parotid lymph nodes, as is seen in smoking-induced nasopharyngeal lymphoid hyperplasia [5]. For WTLLs it has been hypothesized that salivary gland ischemia due to smoking and ageing cause qualitative changes in the salivary secretion, e.g., in electrolyte concentration and mucus composition; as ductal cells try to reverse this change they "exhaust" their mitochondria, causing their compensatory proliferation [10]. Therefore, WT and WTLL share plausible causes, i.e., older age and smoking, and outcome, i.e., mitochondrial hyperplasia, while parenchymal damage by ROS or ischemia is not mutually exclusive.

Although this is a single case report, the similarities between WT and WTLL indicate that WT may be a reactive lesion, further explaining its multiplicity and/or multifocality.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

Data will be made available on request.

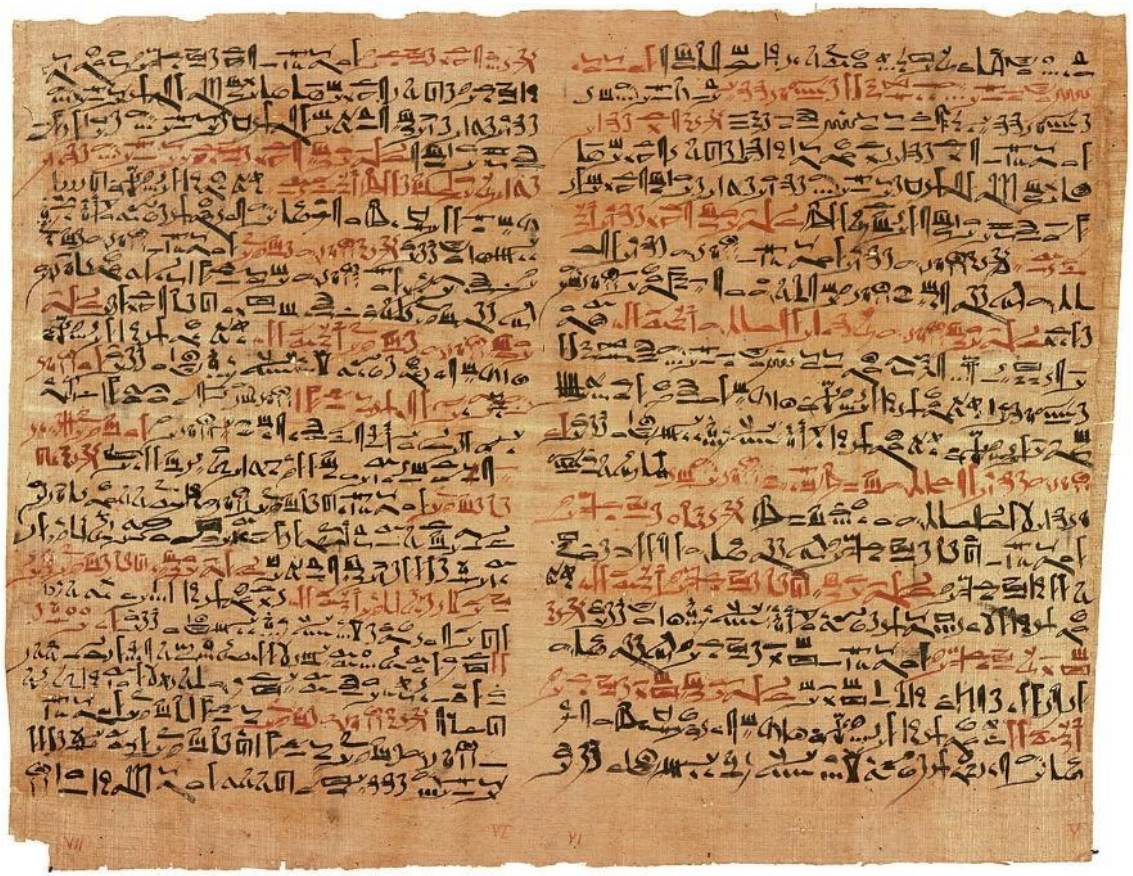
https://doi.org/10.1016/j.oraloncology.2025.107720

τι είναι;

αναλυτική και τεκμηριωμένη μεταφορά γνώσης που αποκτάται από την άμεση διαχείριση ασθενούς

«κλινικής γνώσης»

γνώση που αποκτάται από πρακτική εμπειρία



Plates vi & vii of the Edwin Smith Papyrus at the Rare Book Room, New York Academy of Medicine

Περίπτωση 25: Εξάρθρημα κάτω γνάθου

Εξέταση & πρόγνωση: Εάν έχεις άνδρα με εξάρθρημα της κάτω γνάθου, και βρίσκεις το στόμα του ανοιχτό και αδυνατεί να το κλείσει, πρέπει να βάλεις τον αντίχειρά σου μέσα στο στόμα του, κάτω από το πέρας του κλάδου της κάτω γνάθου, και τους δύο δείκτες σου κάτω από τον πώγωνα. Μετά την σπρώχνεις στη θέση της...

Excerpted from The Art of Medicine in Egypt. ©2005 by The MET NY

Nissen & Wynn, JRSM Open, 2014

παρουσίαση περίπτωσης

παρουσίαση περίπτωσης

σκοπός

βελτίωση κλινικής πρακτικής

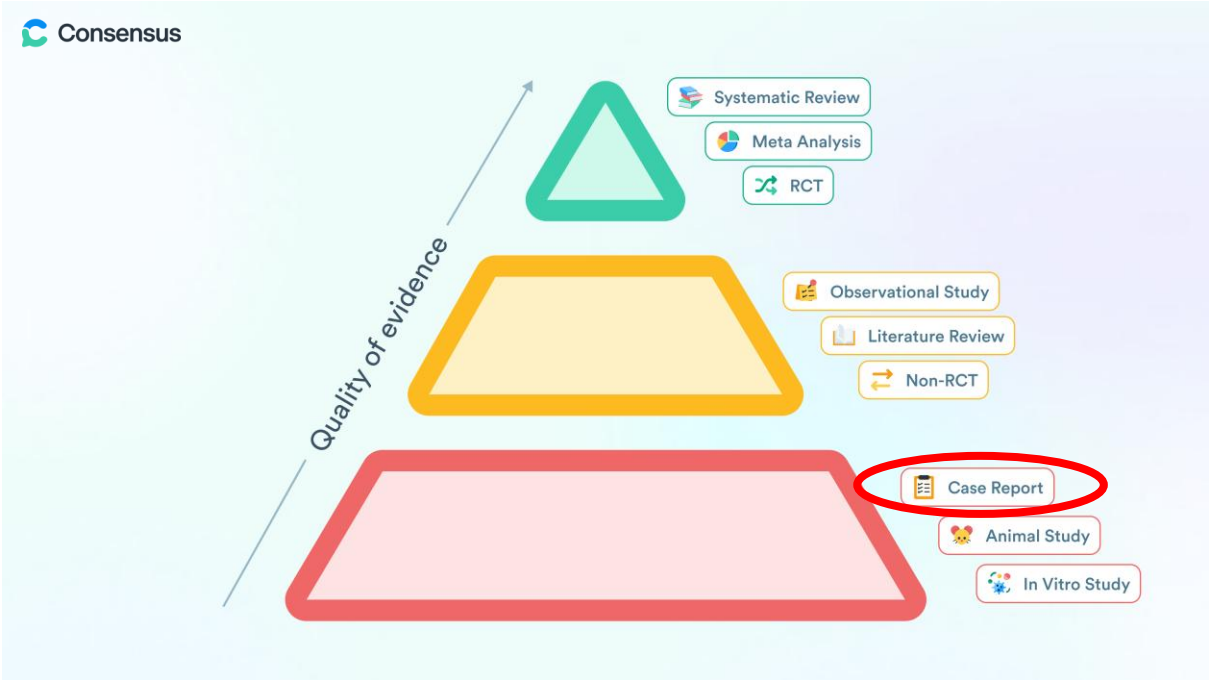
παρουσίαση περίπτωσης

δυνατά σημεία

- ταχεία
- οικονομική

αδύνατα σημεία

- δεν μπορεί να γενικευθεί
- κίνδυνος παρερμηνείας ή μεροληψίας
- δεν βοηθούν τον Impact Factor των περιοδικών

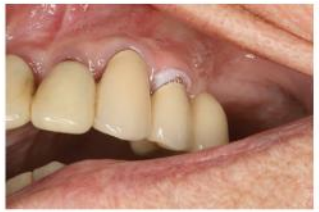


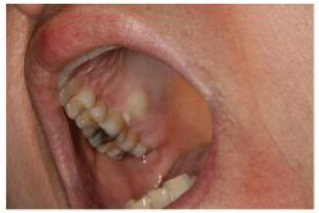
Clinical Advances in Periodontics

CASE REPORT

Leukoplakia of the Marginal Gingiva: A Report of Two Cases

Konstantinos I. Tosios,* Athanasios Vasilas,† Ioannis Melakopoulos† and Alexandra Sklavounou-Andrikopoulou*





Clinicopathologic Conference

Vol. 131 No. 2 February 2021

A solitary, red, papillary–verrucous lesion on the mandibular alveolar mucosa

Konstantinos I. Tosios, DDS, PhD,[a] Eleni-Marina Kalogirou, DDS, MSc,[b] and Nikolaos G. Nikitakis, MD, DDS, PhD[c]

(Oral Surg Oral Med Oral Pathol Oral Radiol 2021;131:e41–e44)

Head and Neck Pathology (2021) 15:1261–1264
https://doi.org/10.1007/s12105-021-01327-3

SINE QUA NON RADIOLOGY-PATHOLOGY

Sine Qua Non: Dentigerous Cyst

Ryan P. Austin[1] · Brenda L. Nelson[1]

Received: 3 March 2021 / Accepted: 5 April 2021 / Published online: 21 April 2021

Abstract
Dentigerous cysts, also known as follicular cysts, are among the most common developmental cysts of the gnathic bones. The majority of cases are clinically asymptomatic and discovered incidentally on panographic radiographs during routine dental care. The cyst appears as a radiolucency, classically unilocular, associated with the crown of an unerupted or impacted tooth. Usually diagnosed in the 2nd–3rd decade, third molars of the mandible are the most commonly affected teeth. Histologically, dentigerous cysts demonstrate a fibrous or fibromyxoid connective tissue wall lined by squamous epithelium, classically lacking rete ridges. Inflammation may introduce histologic changes, however. The differential diagnosis includes hyperplastic dental follicle, periapical or radicular cyst, unicystic ameloblastoma, odontogenic keratocyst, and other odontogenic cysts and tumors. While the findings are generally classic and pose no diagnostic dilemma, the diagnosis is best made in the context of the appropriate clinical and radiographic setting. Submitted tissue with a lack of history, to include a detailed relationship with the affected tooth, may result in misdiagnosis and subsequent confusion for the clinician. So, despite its simple features, dentigerous cysts are not uncommonly mischaracterized. Therefore a review of a classic case of dentigerous cyst is presented.

Keywords Dentigerous cyst · Follicular cyst · Dental follicle · Third molar · Radicular cyst · Odontogenic cysts

έρευνα

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MMWR

Weekly

June 5, 1981 / 30(21);1-3

Epidemiologic Notes and Reports

Pneumocystis Pneumonia --- Los Angeles

In the period October 1980-May 1981, 5 young men, all active homosexuals, were treated for biopsy-confirmed *Pneumocystis carinii* pneumonia at 3 different hospitals in Los Angeles, California. Two of the patients died. All 5 patients had laboratory-confirmed previous or current cytomegalovirus (CMV) infection and candidal mucosal infection. Case reports of these patients follow.

Patient 1: A previously healthy 33-year-old man developed *P. carinii* pneumonia and oral mucosal candidiasis in March 1981 after a 2-month history of fever associated with elevated liver enzymes, leukopenia, and CMV viruria. The serum complement-fixation CMV titer in October 1980 was 256; in may 1981 it was 32.* The patient's condition deteriorated despite courses of treatment with trimethoprim-sulfamethoxazole (TMP/SMX), pentamidine, and acyclovir. He died May 3, and postmortem examination showed residual *P. carinii* and CMV pneumonia, but no evidence of neoplasia.

Patient 2: A previously healthy 30-year-old man developed *p. carinii* pneumonia in April 1981 after a 5-month history of fever each day and of elevated liver-function tests, CMV viruria, and documented seroconversion to CMV, i.e., an acute-phase titer of 16 and a convalescent-phase titer of 28* in anticomplement immunofluorescence tests. Other features of his illness included leukopenia and mucosal candidiasis. His pneumonia responded to a course of intravenous TMP/.SMX, but, as of the latest reports, he continues to have a fever each day.

Patient 3: A 30-year-old man was well until January 1981 when he developed esophageal and oral candidiasis that responded to Amphotericin B treatment. He was hospitalized in February 1981 for *P. carinii* pneumonia that responded to TMP/SMX. His esophageal candidiasis recurred after the pneumonia was diagnosed, and he was again given Amphotericin B. The CMV complement-fixation titer in March 1981 was 8. Material from an esophageal biopsy was positive for CMV.

Patient 4: A 29-year-old man developed *P. carinii* pneumonia in February 1981. He had had Hodgkins disease 3 years earlier, but had been successfully treated with radiation therapy alone. He did not improve after being given intravenous TMP/SMX and corticosteroids and died in March. Postmortem examination showed no evidence of Hodgkins disease, but *P. carinii* and CMV were found in lung tissue.

Patient 5: A previously healthy 36-year-old man with clinically diagnosed CMV infection in September 1980 was seen in April 1981 because of a 4-month history of fever, dyspnea, and cough. On admission he was found to have *P. carinii* pneumonia, oral candidiasis, and CMV retinitis. A complement-fixation CMV titer in April 1981 was 128. The patient has been treated with 2 short courses of TMP/SMX that have been limited because of a sulfa-induced neutropenia. He is being treated for candidiasis with topical nystatin.

ORIGINAL ARTICLE

2008

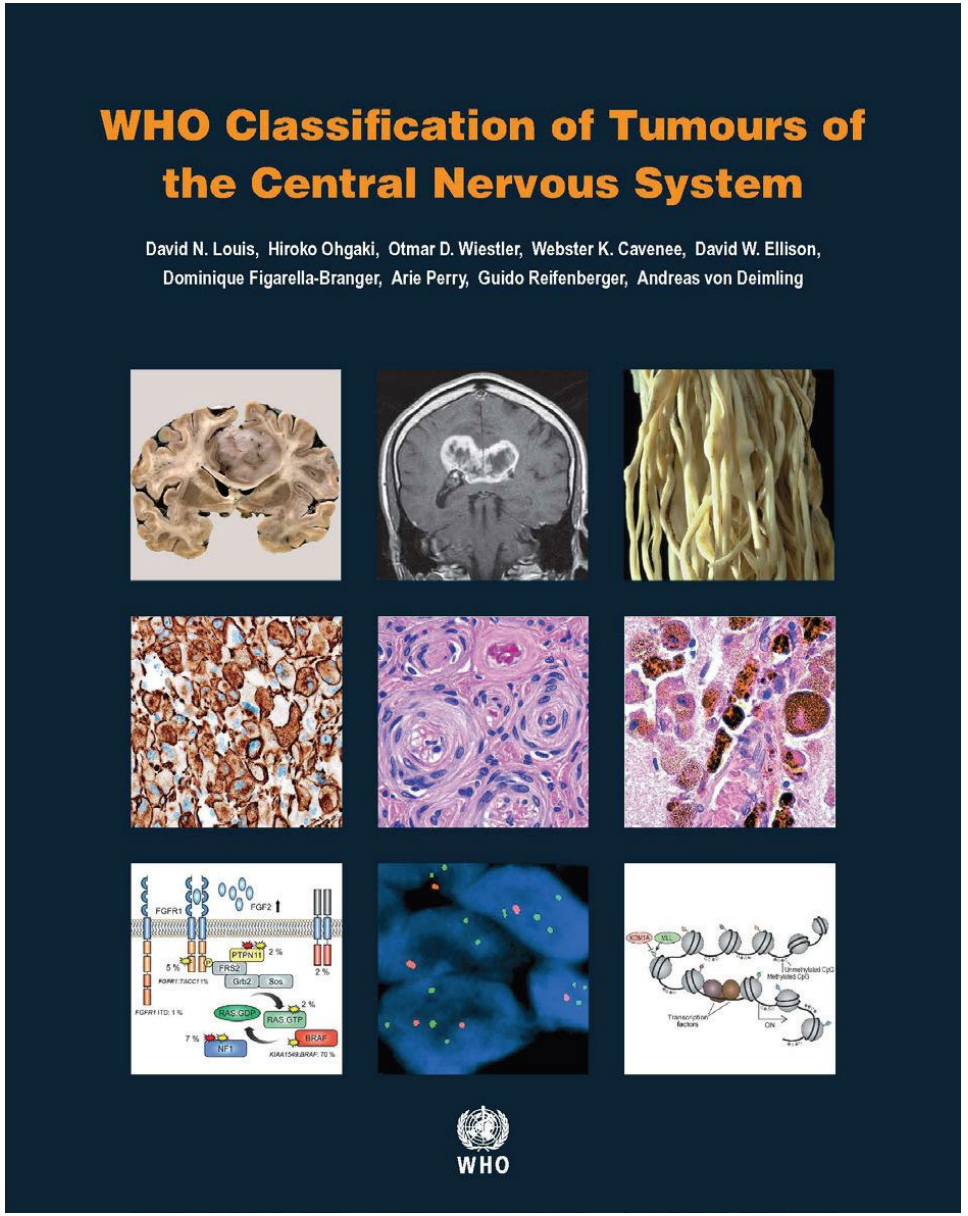
Sclerosing Odontogenic Carcinoma

A Previously Unreported Variant of a Locally Aggressive Odontogenic Neoplasm Without Apparent Metastatic Potential

Ioannis G. Koutlas, DDS, MS, Carl M. Allen, DDS, MSD,† Gary R. Warnock, DDS,‡ and J. Carlos Manivel, MD§*

Am J Surg Pathol • Volume 32, Number 11, November 2008

2017



εκπαίδευση

Το Πρώτο Σκαλί

παρουσίαση περίπτωσης

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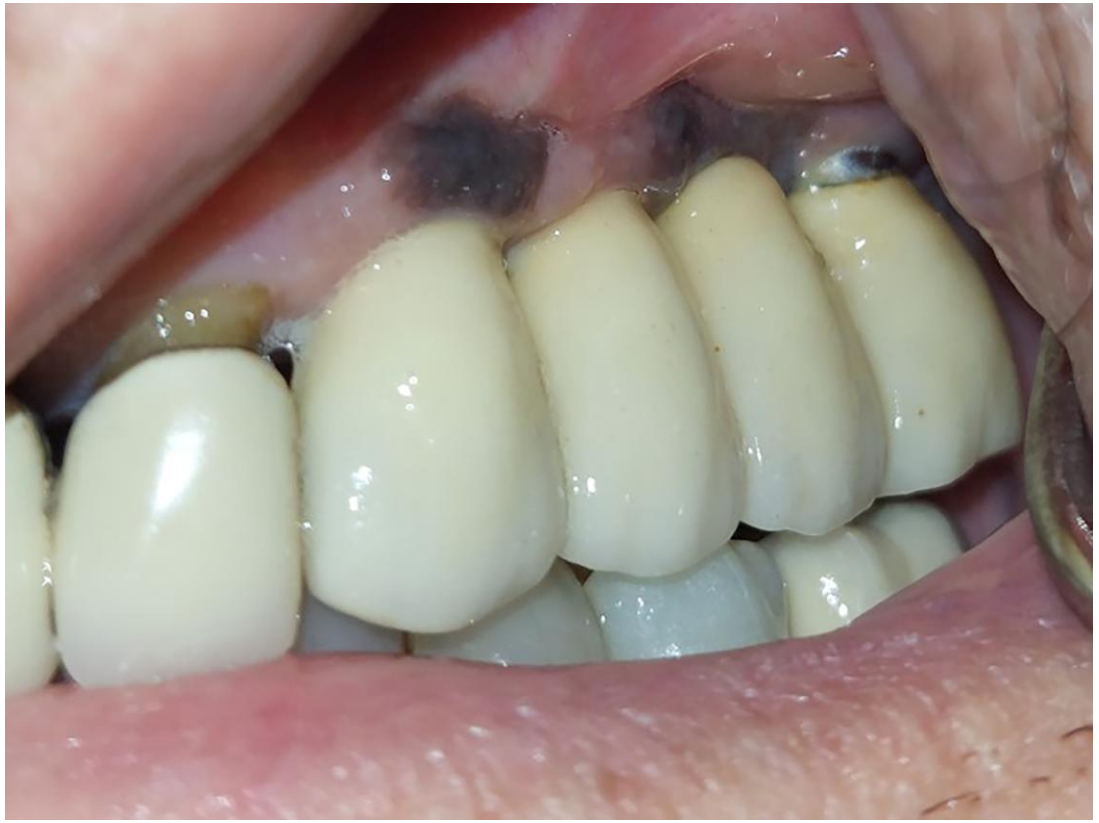
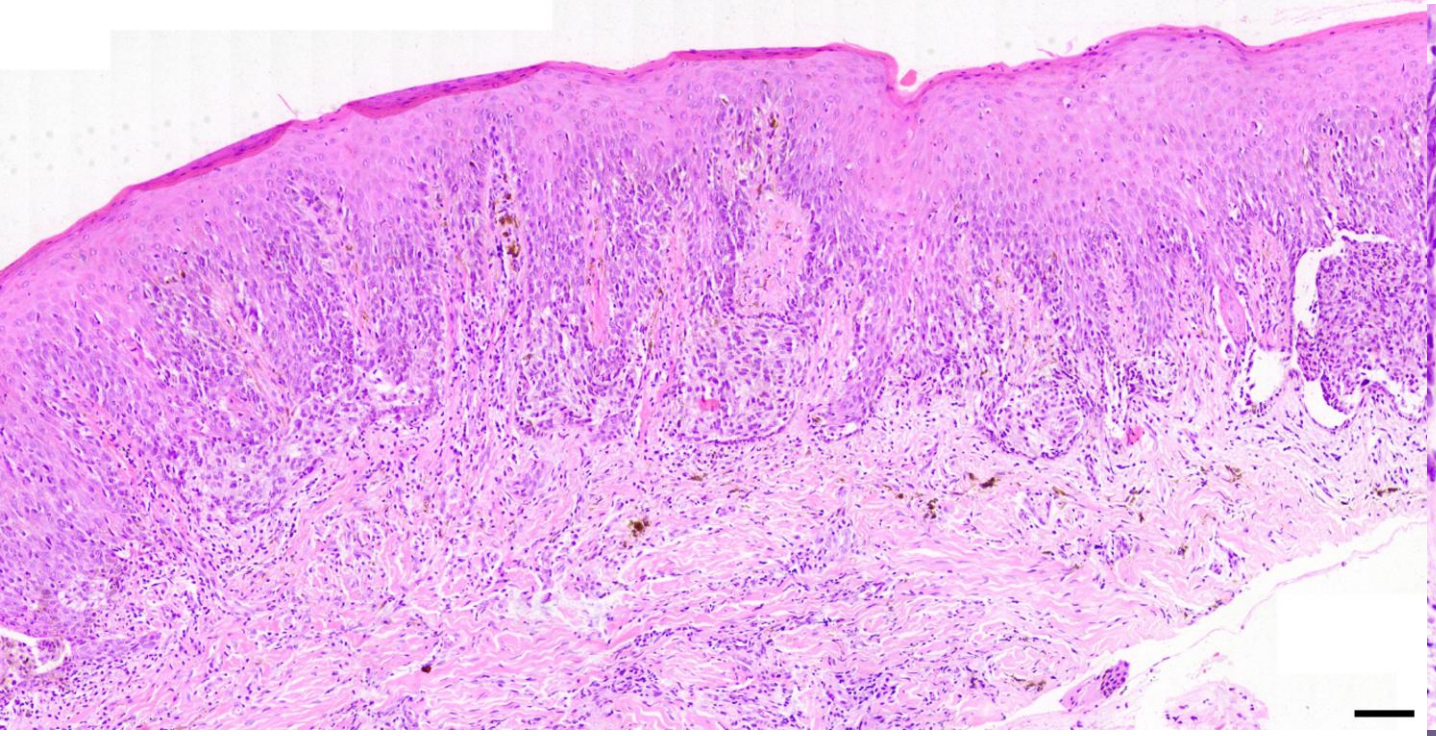
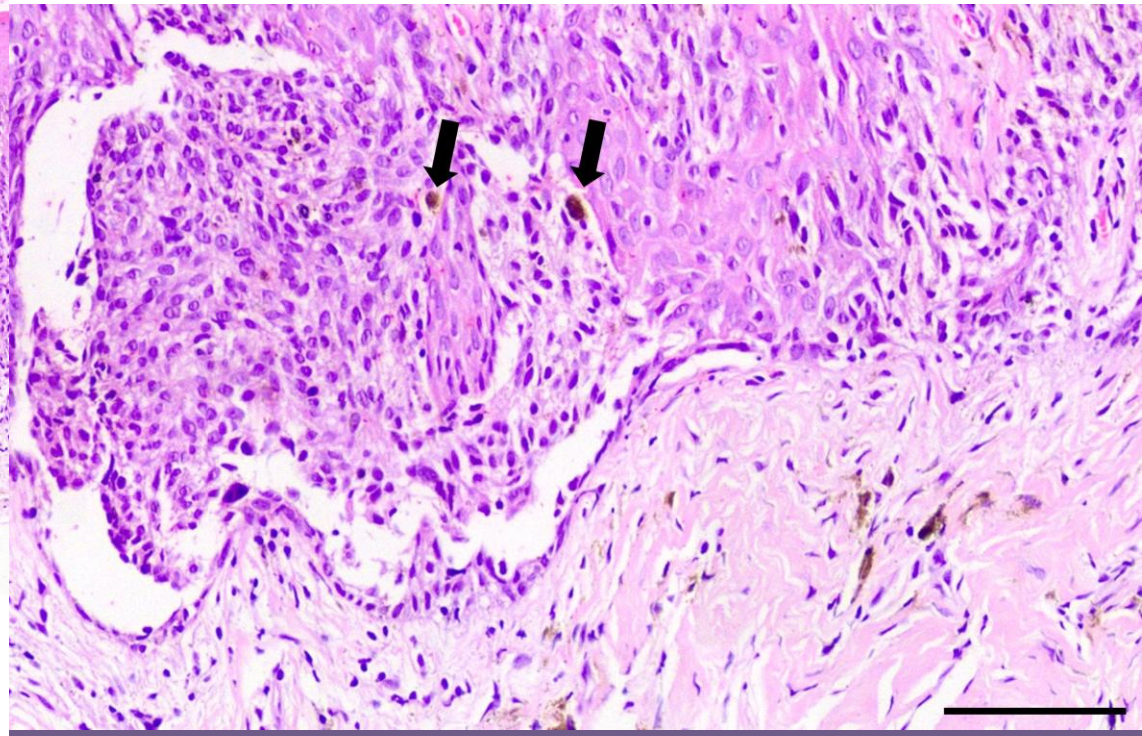
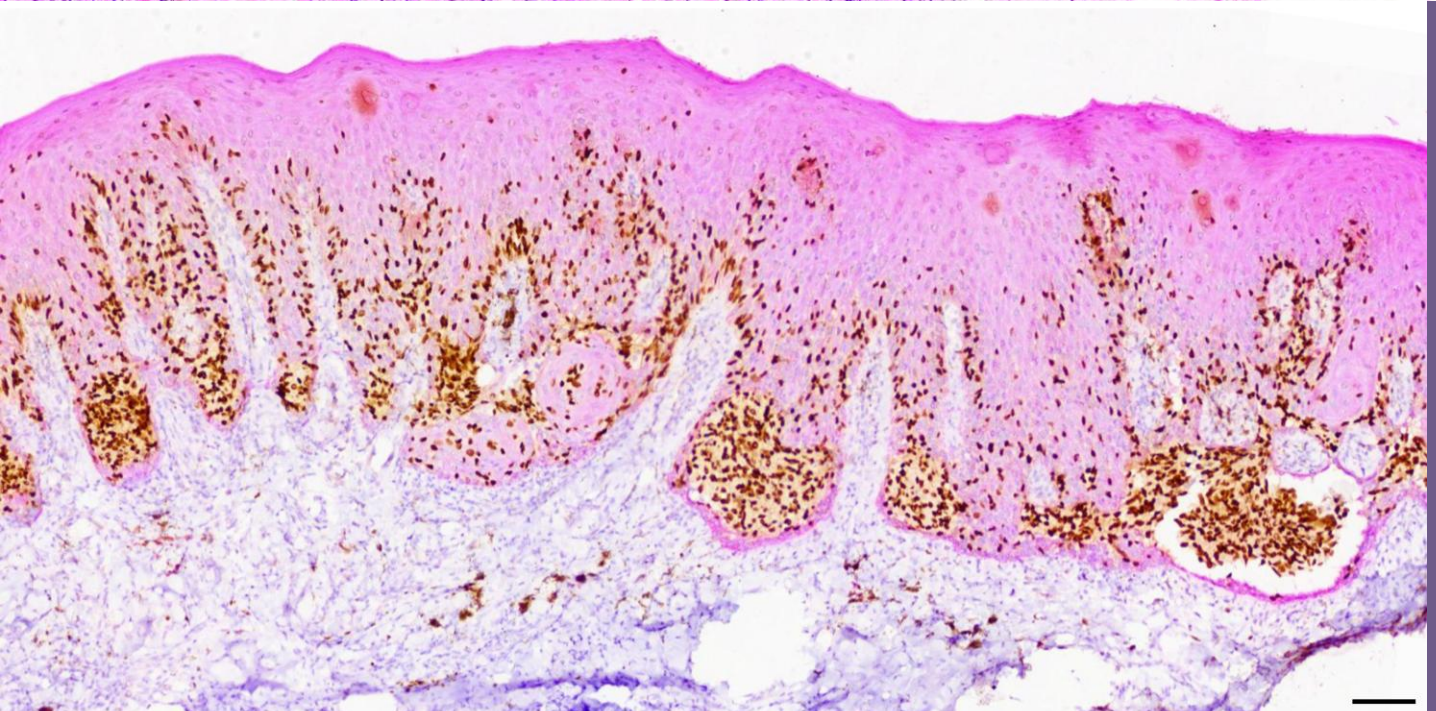
ένας ασθενής…



- αιτία προσέλευσης
- παρούσα νόσος
- ιατρικό ιστορικό
- κλινική εξέταση
- διαφορική διάγνωση
- πιθανή διάγνωση
- βιοψία







ενδοεπιθηλιακό μελάνωμα

ενδοεπιθηλιακό μελάνωμα

- θεραπεία
- πρόγνωση
- πρόληψη - αιτιοπαθογένεια

τι κάνω;

Oral Oncology EXTRA (2006) 42, 46–48

ELSEVIER

CASE REPORT

Melanoma-in-situ of the oral c

844 *Brief reports* J Am Acad Dermatol May 2000

ssMark

in situ of the oral mucosa in an with dysplastic nevus syndrome

http://intl.elsevierhealth

ORAL ONCOLOGY EXTRA

Head and Neck Pathol (2016) 10:298-
DOI 10.1007/s12105-016-0693-x

ORIGINAL PAPER

Melanoma of with Empha

Turk Arch Otorhinolaryngol 2022; 60(3): 161-9 Turkish Archives of Otorhinolaryngology 161

J Oral Maxillofac Surg
66:1945-1948, 2008

Persistent Melanoma In Situ: Case Report and Review

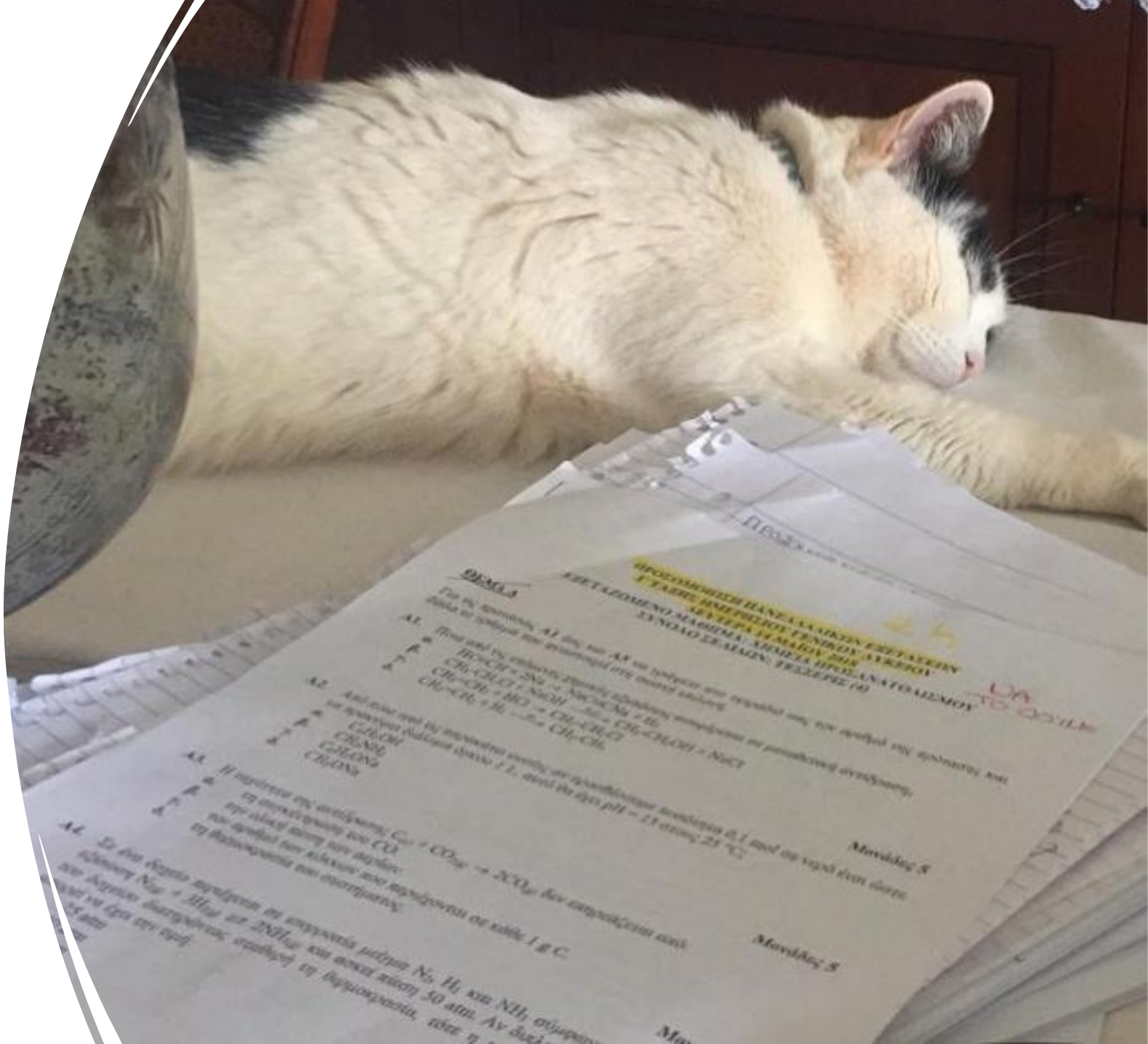
Mucosal Melanoma In Situ of the Oral Cavity: A Case Report and Systematic Review of the Literature

κριτήρια «δημοσιευσημότητας»

σκοπός

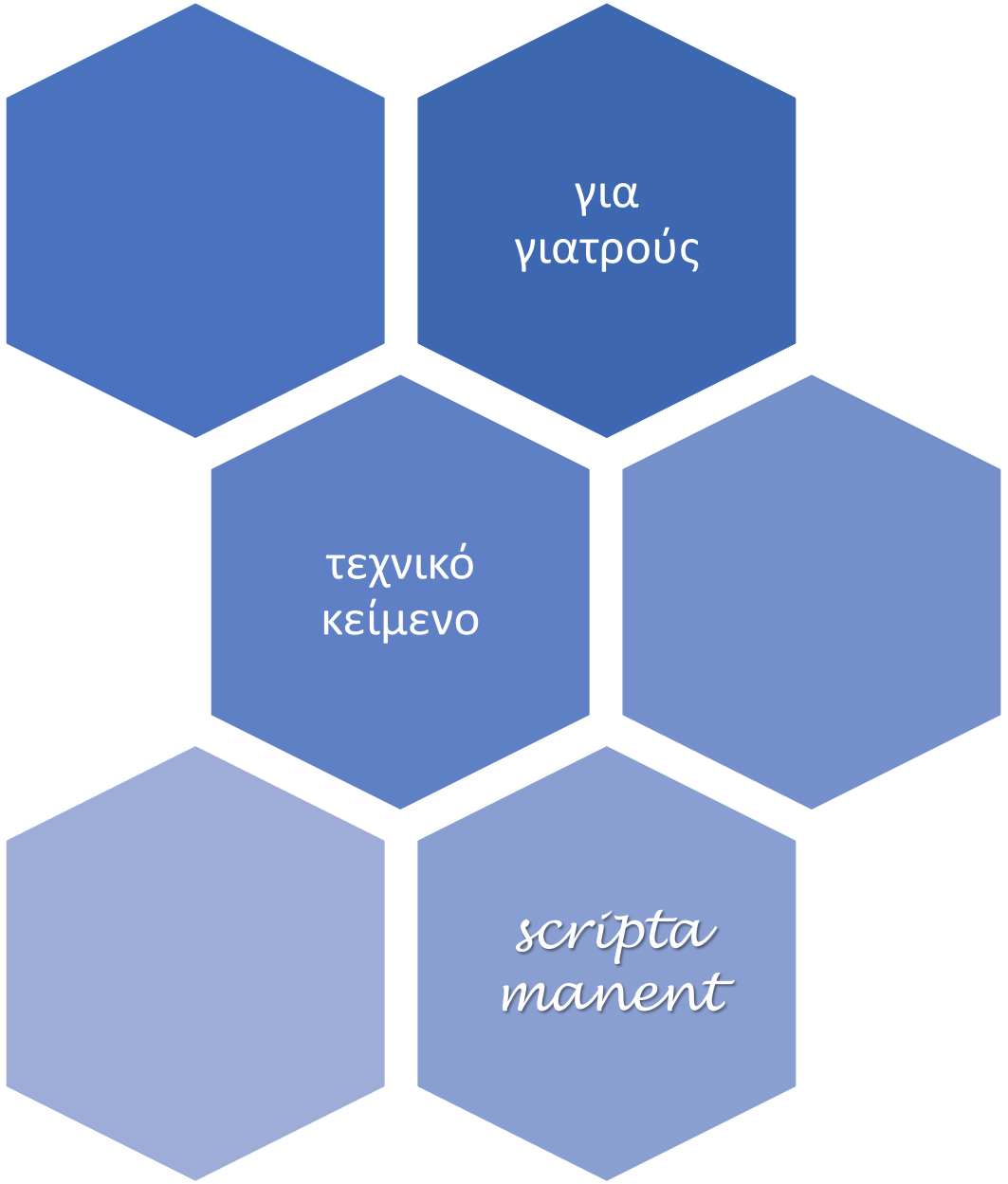
- an unusual case of an *in situ* primary oral malignant melanoma
- gingival macules
- around a fixed prosthesis based on a dental implant-based prosthesis
- clinically considered consistent with post-inflammatory pigmentation

περιοδικό



δομή	συγγραφή
τίτλος	σκοπός
περίληψη – λέξεις κλειδιά	περιγραφή περίπτωσης
εισαγωγή	εικόνες
σκοπός	συζήτηση - συμπεράσματα
περιγραφή περίπτωσης	εισαγωγή
συζήτηση - συμπεράσματα	περίληψη – λέξεις κλειδιά
παραπομπές	τίτλος
εικόνες	παραπομπές

πριν αρχίσουμε…



παρουσίαση περίπτωσης

αναλυτική στοχευμένη αμερόληπτη

αιτία προσέλευσης-παρούσα νόσος

A 68-year-old Caucasian male was referred by his dentist for diagnosis and management of pigmented macules on the gingiva…
The implants' placement was done 36 months before presentation in an "apparently normal" alveolar ridge mucosa…

ιατρικό-οδοντιατρικό ιστορικό

The patient was medicated with tamsulosin for benign hypertrophy of the prostate

κλινικά ευρήματα

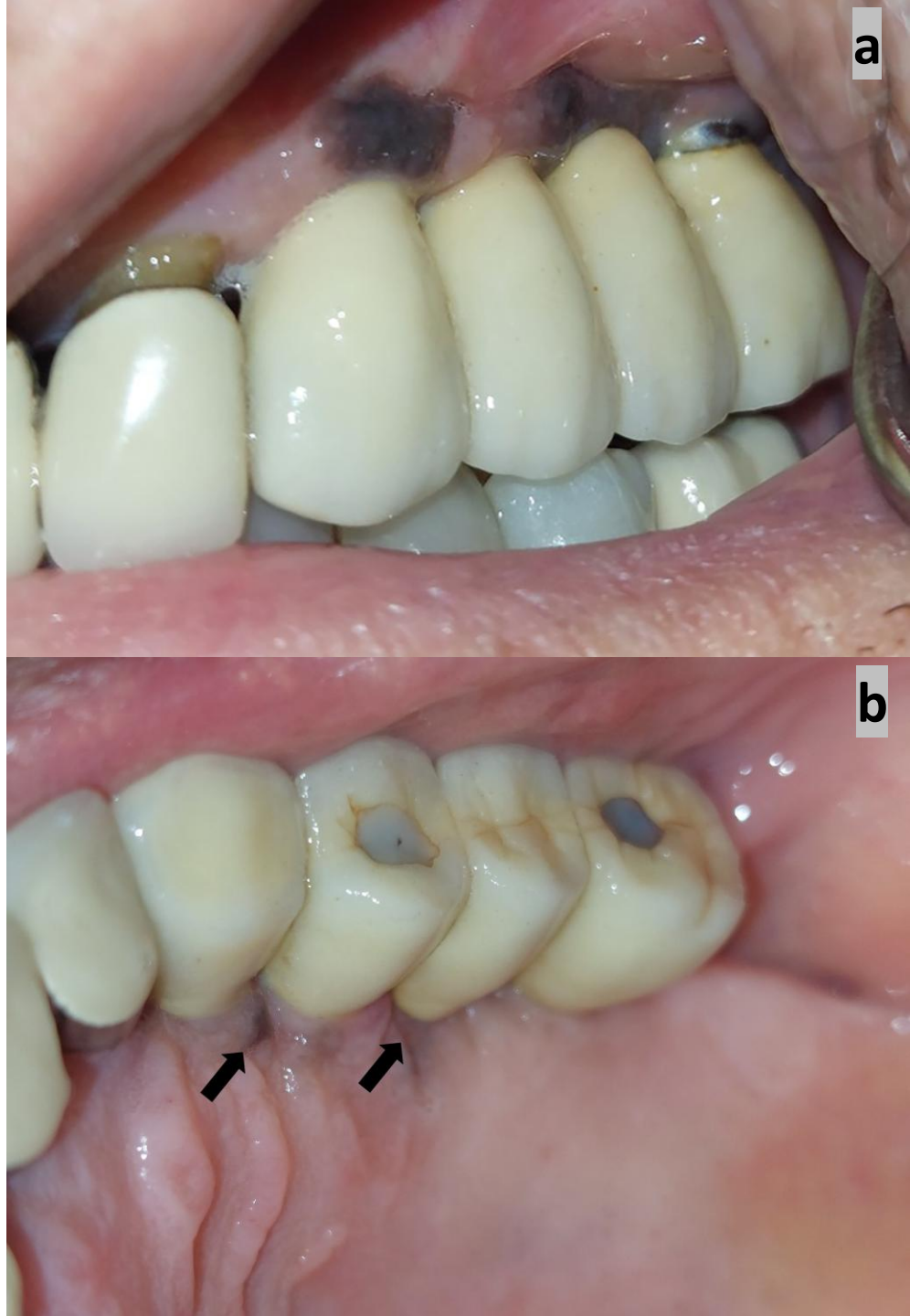
Clinical examination showed two discrete black macules …

μικροσκοπικά ευρήματα

Microscopic examination of 5μm thick hematoxylin and eosin-stained sections…

εικόνες

FIGURE 1 *Clinical presentation. (a) Two discrete black macules on the buccal attached gingiva of the crowns on dental implant #23 and pontic #25. (b) Two small areas of gray discoloration on the palatal gingiva distal to crown #23 and proximal to pontic #25 (arrows).*



παρουσίασης περίπτωσης

διάγνωση

The morphologic and immunohistochemical findings were consistent with an in situ (non-invasive) oral mucosal melanoma…

αντιμετώπιση

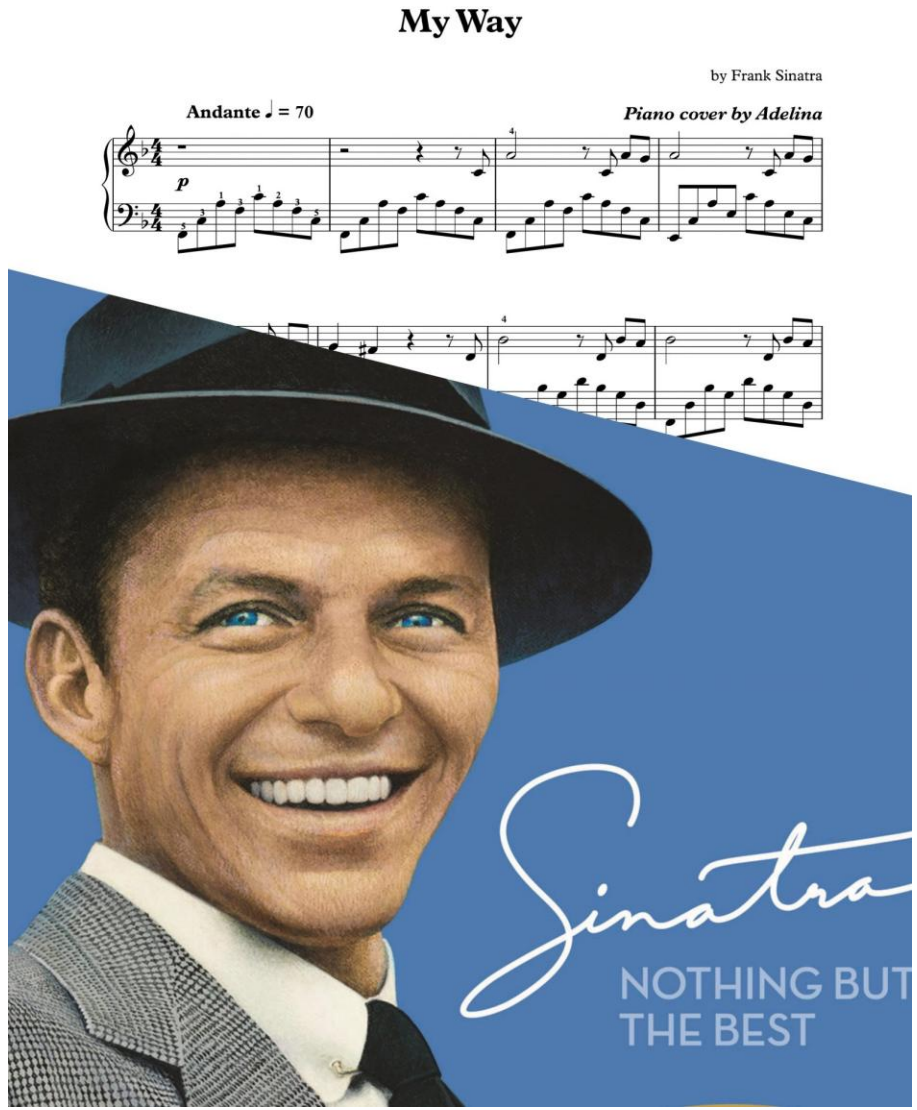
The patient was referred to an oncological unit specialized in melanoma…

προσωπικά δεδομένα

- *συγκατάθεση ασθενούς*
- *απόκρυψη αναγνωριστικών στοιχείων*
- *έγκριση από επιτροπή*

συζήτηση

I'll state my case of which I'm certain



συζήτηση

το σημαντικό

In the case presented herein… To our knowledge, this is the first case where ISPOMM manifested as multiple macules around a dental implant-supported prosthesis…

συζήτηση

ανασκόπηση

ανασκόπηση της βιβλιογραφίας

Iwai et al [6] reviewed 22 such cases and found…

πίνακας

Table 1: Main features of eight documented cases of mucosal lesions associated with graphite deposition and the present one.

Reference	Age	Sex	Location	Size (mm)	FRB[3]	Age of trauma	Behavior
Peters & Gardner (11)	55	F[1]	palate	n/a[2]	No	n/a	
Phillips & Vanchit (10)	17	F	facial maxillary interdental papilla, free and attached gingiva, and alveolar mucosa, canine and lateral incisor	n/a	Yes	5-year-old	
Rihani *et al.* 2006 (8)	5	F	facial maxillary attached gingiva, primary central and lateral incisor	15	Yes	No	size increase, bone destruction
Rullo *et al.* 2013 (9)	5	n/a[2]	facial mandibular mucosa, canine	n/a	No	n/a	size increase
Moraes *et al.* 2015 (4)	62	F	hard palate	5	Yes	13-year-old	
Molini *et al.* (6)	27	F	hard palate	7	Yes	No	
Yeta *et al.* (7)	24	F	facial maxillary attached gingiva, central and lateral incisors	5	No	No	
de Carmago Moraes *et al.* (12)	7	F	hard palate	4	No	5-year-old	
present case	62	F	hard palate	8	Yes	No	bone destruction

[1]F, female, [2]n/a, not available, [3]FBR, foreign body reaction

σκοπός

- an unusual case of an *in situ* primary oral malignant melanoma
- gingival macules
- around a fixed prosthesis based on a dental implant-based prosthesis
- clinically considered consistent with post-inflammatory pigmentation

συζήτηση

σημείο προς σημείο

σχολιασμός ευρημάτων

ISPOMM is rare, as Barker et al.[6] *found only six cases among 50 POMMs…*

The multiplicity of the lesions and their close association with the dental implants and prosthesis presented a diagnostic challenge…

συμπέρασμα

σαφές και ισχυρό

συμπέρασμα

συμπέρασμα

In conclusion, the present case highlights the need for prompt biopsy in all oral pigmented lesions that are not clinically diagnostic, as melanoma may imitate other forms of oral pigmentation.

εισαγωγή

ορισμός

Primary oral mucosal melanoma (POMM) is a rare aggressive melanocytic malignancy…

συχνότητα

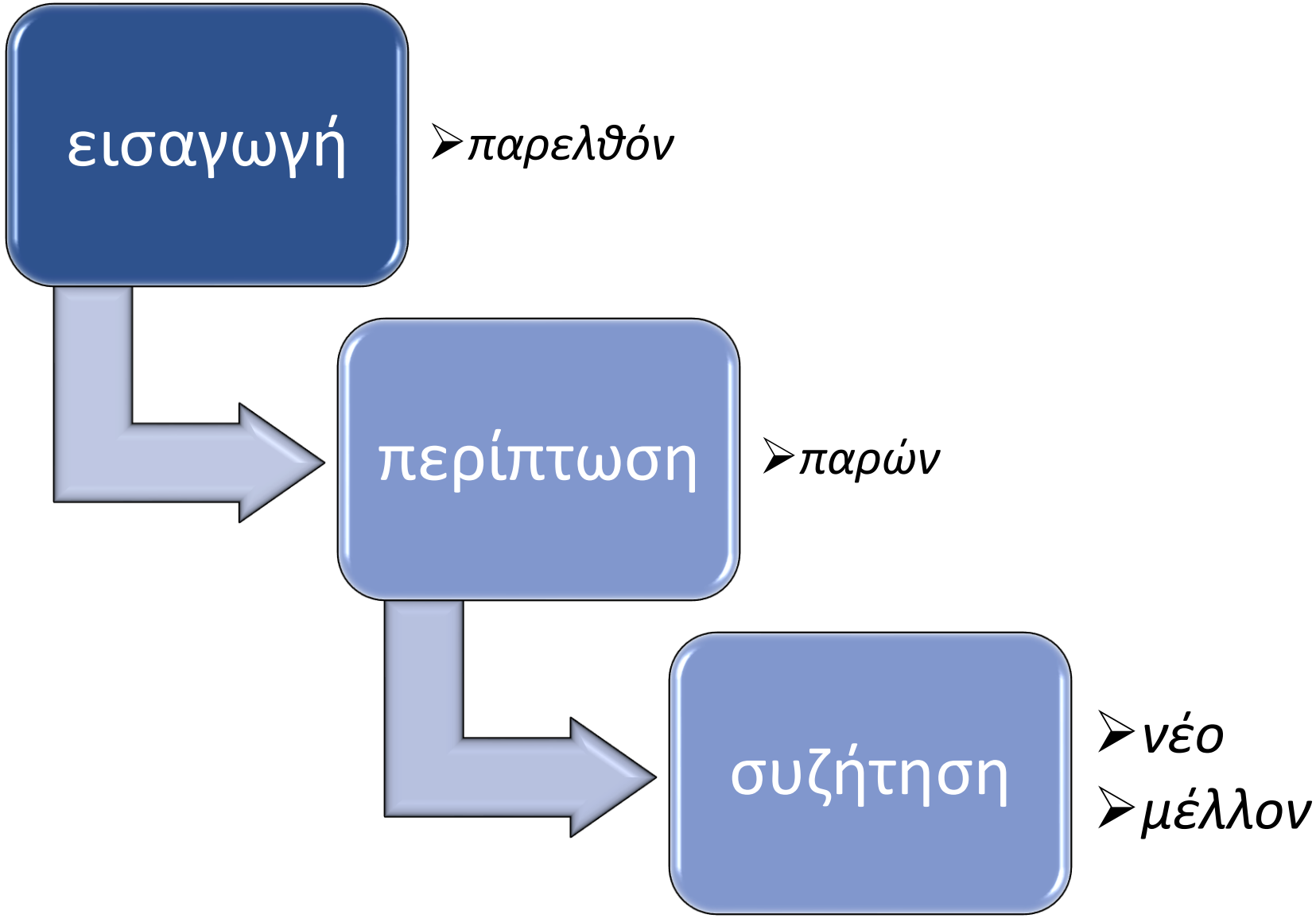
The age-standardized rate is less than 0.01 cases per 100,000 persons-year globally [1]… 0.26%-0.5% of all oral malignancies [1,3]

περιγραφή

The clinical appearance of POMM is diverse [5]

το πρόβλημα

ISPOMM is rare [12] and may precede an invasive POMM [6,8]


εισαγωγή
παρελθόν
περίπτωση
παρών
συζήτηση
νέο
μέλλον

τίτλος

- *in situ* oral mucosal melanoma
- gingival macules
- dental implant-based prosthesis
- case report

τίτλος

***In situ* oral mucosal melanoma presenting as gingival macules around a dental implant-based prosthesis. A case report.**

περίληψη

«δομημένη» περιορισμός λέξεων

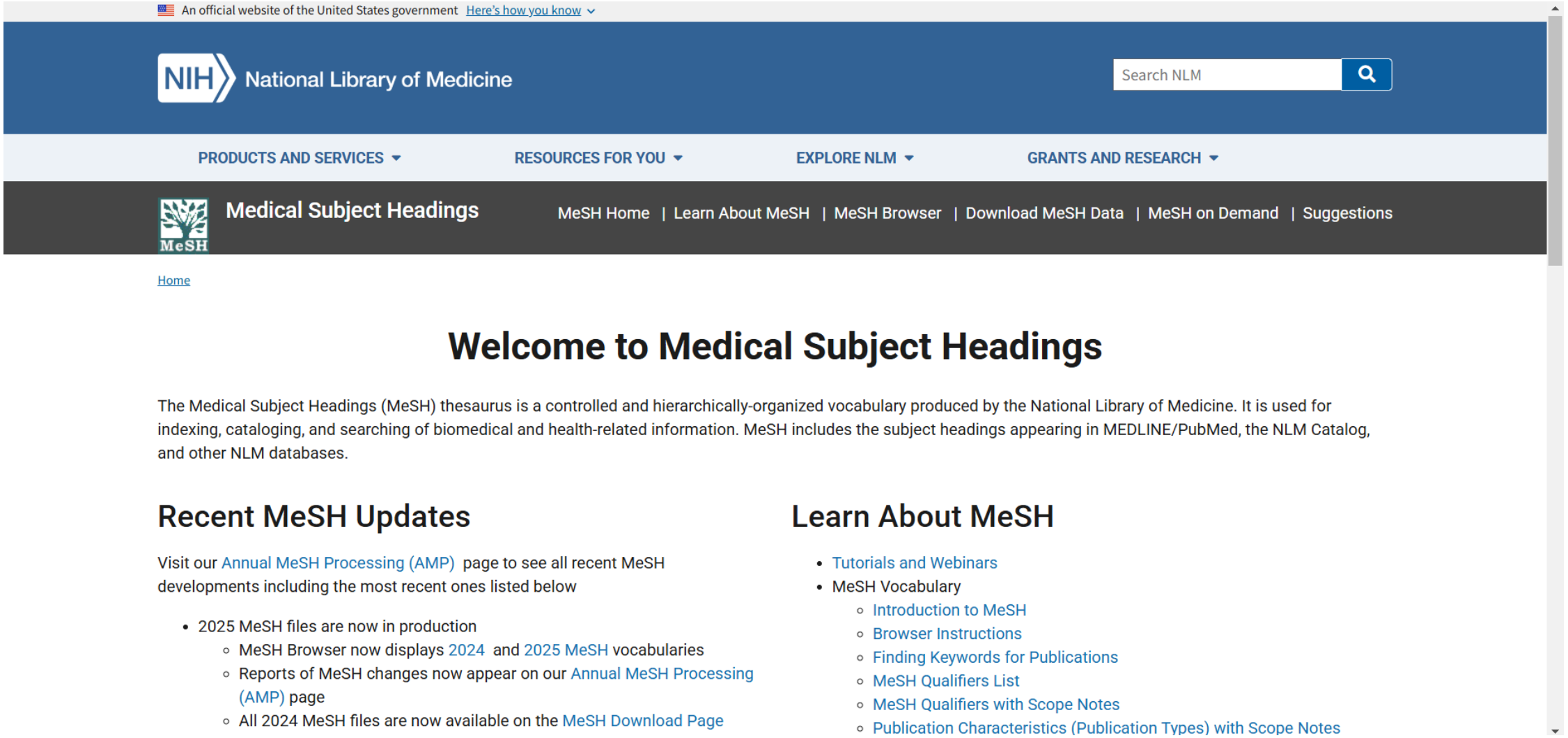
To report the case of an in situ primary oral malignant melanoma…

A 68-year-old Caucasian male presented with two discrete black macules…

Following excision, an in situ oral mucosal melanoma…

It highlights the need for prompt biopsy in all oral pigmented lesions that are not clinically diagnostic, as melanoma may imitate other forms of oral pigmentation…

λέξεις κλειδιά



ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals

Updated January 2025

συγγραφείς

- ουσιώδης συμβολή στη σύλληψη ή στον σχεδιασμό της εργασίας ή στη συλλογή, ανάλυση ή ερμηνεία των δεδομένων για την εργασία· ΚΑΙ
- σύνταξη της εργασίας ή κριτική αναθεώρησή της ως προς σημαντικό πνευματικό περιεχόμενο· ΚΑΙ
- τελική έγκριση της προς δημοσίευση έκδοσης· ΚΑΙ
- συμφωνία ανάληψης ευθύνης για όλες τις πτυχές της εργασίας, διασφαλίζοντας ότι ζητήματα που σχετίζονται με την ακρίβεια ή την ακεραιότητα οποιουδήποτε μέρους της διερευνώνται και επιλύονται δεόντως

ORIGINAL ARTICLE

Cinnamon-Induced Contact Stomatitis: A Retrospective Study of 74 Cases and Literature Review

πρώτος

τελευταίος

ενδιάμεσοι

THE AUTHOR LIST: GIVING CREDIT WHERE CREDIT IS DUE

The first author
Senior grad student on the project. Made the figures.

The third author
First year student who actually did the experiments, performed the analysis and wrote the whole paper. Thinks being third author is "fair".

The second-to-last author
Ambitious assistant professor or post-doc who instigated the paper.

Michaels, C., Lee, E. F., Sap, P. S., Nichols, S. T., Oliveira, L., Smith, B. S.

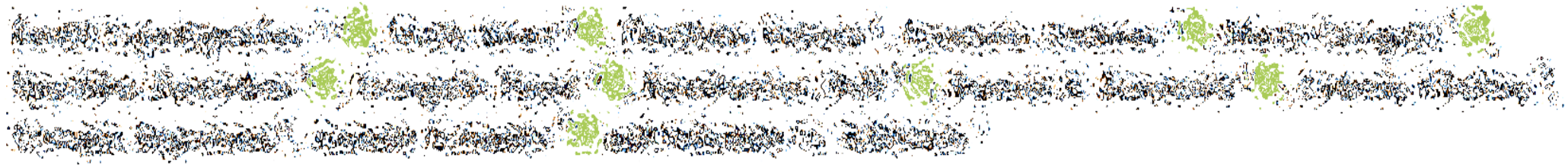
The second author
Grad student in the lab that has nothing to do with this project, but was included because he/she hung around the group meetings (usually for the food).

The middle authors
Author names nobody really reads. Reserved for undergrads and technical staff.

The last author
The head honcho. Hasn't even read the paper but, hey, he/she got the funding, and their famous name will get the paper accepted.

Case Report

Sporadic Burkitt Lymphoma First Presenting as Painful Gingival Swellings and Tooth Hypermobility: A Life-Saving Referral



Κάθε συγγραφέας αναλαμβάνει την ευθύνη της δημοσίευσης και μπορεί να την υποστηρίξει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