ORAL SURGERY, ORAL MEDICINE, ORAL PATHOLOGY AND ORAL RADIOLOGY


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DESCRIPTION

Oral Surgery, Oral Medicine, Oral Pathology and Oral Radiology is required reading for anyone in the fields of oral surgery, oral medicine, oral pathology, oral radiology or advanced general practice dentistry. It is the only major dental journal that provides a practical and complete overview of the medical and surgical techniques of dental practice in four areas. Topics covered include such current issues as dental implants, treatment of HIV-infected patients, and evaluation and treatment of TMJ disorders. The official publication for nine societies, the Journal is recommended for initial purchase in the Brandon Hill study, Selected List of Books and Journals for the Small Medical Library.

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The Oral and Maxillofacial Surgery Section aims to publish an extensive range of original articles that advance patient care through enhanced understanding of diagnosis, surgical and adjunctive treatment of diseases, and injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial regions. The section also seeks research regarding both the basic science of and management of persons with oral and maxillofacial conditions. Articles presenting ethical, original, well-documented, and reproducible research are given preference.

The Oral Medicine Section aims to publish a broad range of original articles that help clinicians understand more thoroughly the pathobiology, etiology, diagnosis, prevention, and management of oral conditions related to underlying medical conditions, including diseases of the head, neck, and oral mucosal structures, orofacial pain conditions, salivary gland disorders, and taste disorders. The section also seeks research regarding the dental management of persons with medical problems and/or complicated medical conditions. The published findings must contribute substantively to the body of oral medicine literature and should lead to improved clinical decision-making and enhanced care of medically-related disorders or conditions affecting the oral and maxillofacial region. Articles presenting original, well-documented, and reproducible research are preferred.

The Oral and Maxillofacial Pathology Section encourages the submission of original articles of high scientific quality that investigate the pathogenesis, diagnosis, and management of diseases affecting the oral and maxillofacial region. Submitted manuscripts may summarize findings from clinical, translational, or basic research in the broad field of oral and maxillofacial pathology but must contribute substantively to the body of knowledge in this field and should be of obvious clinical and/or diagnostic significance to the practicing oral and maxillofacial pathologist. Areas of focus may include the investigation of disease pathogenesis, the diagnosis of disease using microscopic, clinical, radiographic, biochemical, molecular, or other methods as well as the natural history and management of patients with various conditions of the head, neck, and oral mucosal structures. Diagnostic accuracy studies should conform to the principles of the STARD document http://www.stard-statement.org. Articles presenting novel and reproducible research that introduce new knowledge and observations are especially encouraged. This section also welcomes the submission of topical review papers on relevant subjects.

The Oral and Maxillofacial Radiology Section publishes original contributions to the advancement of oral and maxillofacial radiology and related imaging sciences. The section considers original clinical and experimental research papers, reports of technological developments, extensive systematic reviews of the literature, and invited papers on subjects that will appeal to researchers and clinicians involved in diagnostic imaging of hard and soft tissues of the head and neck. Topics of interest include the efficacy of imaging systems using ionizing and non-ionizing radiation in the diagnosis of head and neck disease; molecular imaging; artificial intelligence and computer-assisted diagnosis; craniofacial analysis; image-guided surgical navigation; image processing; radiation physics and dosimetry; and radiation biology, safety, and protection. The section also seeks extensive case series representing various expressions of particular conditions, descriptions of innovative imaging technique applications to these series, and description of novel imaging features. Published manuscripts should assist clinicians in developing evidence-based practice and provide improved clinical decision-making regarding the performance of specific techniques and interpretation of resulting images. Diagnostic accuracy studies should conform to the principles of the STARD document http://www.stard-statement.org).

Types of Papers

1. Original Research Article. Reports of original research (preclinical, clinical, or translational) that are well-documented, novel, and significant. Original research manuscripts will be organized into six parts: (1) Abstract; (2) Introduction; (3) Materials and Methods; (4) Results; (5) Discussion; (6) References.
2. Review article. Manuscripts that review the current status of a given topic, diagnosis, or treatment. These manuscripts should not be an exhaustive review of the literature but rather should be a review of contemporary thought with respect to the topic. Systematic reviews and meta-analyses manuscripts should follow PRISMA (http://www.prisma-statement.org) and the Institute of Medicines' guidelines (http://www.iom.edu/Reports/2011/Finding-What-Works-in-Health-Care-Standards-for-Systematic-Reviews/5).

3. Clinicopathologic Conference (CPC). Manuscripts that document interesting, challenging, or unusual cases that present unexpected or interesting diagnostic challenges. The presentation should simulate clinical work-up, including the formulation of a detailed and well thought out differential diagnosis. The complete diagnostic evaluation, management, and follow-up must be included. CPC articles must be organized into six parts: (1) Title: Provide a descriptive clinical title that does not reveal the final diagnosis. (2) Clinical presentation: Describe the clinical and imaging characteristics of the lesion. Use clinical photographs and radiographs as appropriate. (3) Differential diagnosis: List and discuss lesions to be considered as reasonable diagnostic possibilities. The authors are reminded that the most important part of the CPC manuscript is the clinical differential diagnosis, where the authors guide the readership through their own diagnostic thought process. This will require the formulation of a list of the most probable diagnostic possibilities (ideally at least 5-6 entities) based on the clinical presentation, medical history, and/or radiographic studies. (4) Diagnosis: Histopathologic findings illustrated with appropriate photomicrographs. (5) Management: Describe the treatment of the patient and response to treatment. (6) Discussion: Concentrate on the most interesting aspect(s) of the case. No abstract is needed for CPC manuscripts. Limit the number of references to no more than 25.

4. Case Reports. These types of publications often add little to the scientific knowledge base. However, excellent case reports may be published as online only papers if they meet certain criteria, such as: (1) rare or unusual lesions/conditions that need documentation, (2) well-documented cases showing unusual or “atypical” clinical or microscopic features or behavior, or (3) cases showing good long-term follow-up information, particularly in areas in which good statistics on results of treatment are needed. A case report should either present unique features of the condition or lesion, novel treatment regimens, or provide the basis for a new plausible medical theory about the pathogenesis of a particular disease or condition so clinicians can provide better care regarding patients with chronic and painful conditions relevant to medical disorders and/or medical therapy. Providing Virtual Microscope image/s is highly encouraged for Case Reports (see also below).

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