intestinal clamps, one after another, from the tip to the base. Finally, one pair of clamps is applied at the base and retained. The surgery is completed and hemostasis achieved prior to removal of the clamp.

Intestinal clamps are designed so that their closing pressure does not damage the delicate layers of the bowel during intestinal anastomosis. They should therefore be reasonably safe for use in other organs of similar consistency and thickness, provided that they are not used beyond the safe ischemic time for that tissue.

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POLYOSTOTIC FIBROUS DYSPLASIA OF MAXILLA CAUSING DYSPHAGIA

Sir,

We are reporting a case of polyostotic fibrous dysplasia involving maxilla and mandible for clinical interest. An 18 year old male was admitted with dysphagia due to a huge growth in the oral cavity (Fig 1). It was hard, globular with smooth surface. The base was hard palate and due to its size it protruded out of the oral cavity completely occluding it. He had a mandibulectomy and partial maxillectomy in the past for the same problem, but no records were available. Ophthalmological and neurological check up was normal. There were no cutaneous pigmentation. Skiagram showed radio-opaque shadow of maxilla. Clinical diagnosis of fibrous dysplasia was made which was later confirmed by biopsy.

With an elective tracheostomy, under GA the mass was completely shaved with part of hard palate and alveolar margin to give acceptable shape to the upper jaw. On histological examination, bands of fibrous tissue mixed with irregularly arranged trabeculae of bone was found. He is now able to eat and there has been no progress of disease in 6 months follow up (Fig 2A & B).

Fibrous dysplasia is a rare condition arising due to a perverted activity of specific bone forming mesenchyme. Symptoms usually appear in the first two decades of life. Progress of deformity is usually the need for treatment. Surgery is the treatment of choice. Radiation is avoided because of possible malignant change which can even happen spontaneously. Our case belongs to craniofacial polyostotic fibrous dysplasia due to the multiple bone involvement.

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