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SURGICAL TREATMENT AND RECONSTRUCTION OF RECURRENT AMELOBLASTOMA OF THE MANDIBLE COMPLICATED BY OROSTOMY: A CLINICAL CASE

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ABSTRACT

Relevance: *Ameloblastoma is one of the most common benign jaw tumors, characterized by locally invasive growth and a high recurrence rate. Despite its benign nature, the disease presents a significant clinical challenge due to bone destruction, the risk of functional impairment, and the need for complex maxillofacial reconstruction. Diagnostic and treatment methods such as MRI, CT, biopsy, and surgical resection remain essential. However, frequent relapses necessitate new therapeutic strategies and improved reconstructive approaches.*

This report presents a clinical case of a female patient suffering from recurrent ameloblastoma of the mandible since 1997. Following initial tumor resection in 2002, multiple recurrences required repeated surgeries. In 2022, the patient was admitted again, highlighting the aggressive course of the disease.

This publication aimed to *analyze a clinical case of recurrent ameloblastoma of the mandible complicated by orostomy, with an evaluation of the effectiveness of surgical treatment and reconstruction.*

Clinical presentation: *A rare clinical case involving a 63-year-old woman diagnosed and treated for mandibular ameloblastoma is described. The tumor was first diagnosed in 1997, with subsequent surgeries in 2002, 2009, 2016, and 2020 due to recurrences. In 2022, a combined surgery was per-formed, including tumor resection and soft tissue reconstruction using a skin-muscle flap. Histology confirmed the follicular type of ameloblastoma with epithelial nests, palisading cell arrangement, and stellate structures resembling the enamel organ. MRI in May 2025 showed no signs of recurrence. The patient has remained in stable remission for three years. The disease has been tracked over nearly 30 years. The case confirms the effectiveness of a comprehensive surgical approach.*

Conclusion: *Despite its benign character, ameloblastoma requires active surgical management and long-term follow-up. This case underscores the importance of individualized treatment planning and interdisciplinary cooperation to improve outcomes and patient quality of life.*

Keywords: *ameloblastoma, recurrence, reconstructive surgery, clinical case.*

Introduction: Ameloblastoma is classified as a benign tumor of odontogenic origin. It is localized mainly in the jawbone. The development of ameloblastoma is probably associated with the transformation of residual cells of the dental plate, epithelial cell rests of Malassez, or basal cells of the oral mucosa epithelium [1].

The global incidence of ameloblastoma in 2020 amounted to 0.92 per 1 million people. The incidence of ameloblastoma worldwide is mainly spread around the age of 30 years. In Europe and North America, ameloblastoma is mainly found in elderly individuals (50-60 years); in Africa and South America, ameloblastoma is mainly found in young people (about 30 years), with the highest incidence registered in Asia (30-60 years) [2].

In 2017, the World Health Organization (WHO) included ameloblastoma in the list of benign epithelial odontogenic tumors [3]. According to the latest WHO classification, published in 2022 and updated in 2024, ameloblastoma has five clinical forms: typical (solid/multicystic), unicystic, adenoid, metastatic, and peripheral/extraspinous [4, 5].

Extended jaw resection, although effective in preventing recurrence of ameloblastoma, can lead to significant aesthetic and functional impairments [6].

This publication aimed to analyze a clinical case of recurrent ameloblastoma of the mandible complicated by orostomy, with an evaluation of the effectiveness of surgical treatment and reconstruction.

Materials and methods: The article describes a rare case of diagnosis and treatment of ameloblastoma of the lower jaw in a 63-year-old patient. The patient provided a signed informed consent to the manipulations, as well as to the use of the results of her treatment in scientific studies.

Patient Information:

Clinical findings: Local status: The face was asymmetrical due to a tumor of the parotid masticatory region and a defect in the lower jaw. The skin above the formation was purple-bluish, did not gather in a fold, and had a dense consistency on palpation. Additionally, two fistulas were detected. In the oral cavity, there was an exophytic forma-

tion in the area of the transitional fold of the upper jaw, rightward, a heterogeneous structure, painful on palpation, and densely elastic. Regional lymph nodes were not enlarged (Figure 1).

Diagnostics: Magnetic resonance imaging of the brain, performed in February 2022, revealed the presence of a volumetric formation of soft tissues of the face in the right half with involvement of neighboring muscles and destructive changes in the lower jaw and auditory arch. In addition, single foci of gliosis were found in the brain substance of vascular origin. A retrocerebral arachnoid cyst has also been detected (Figure 2).

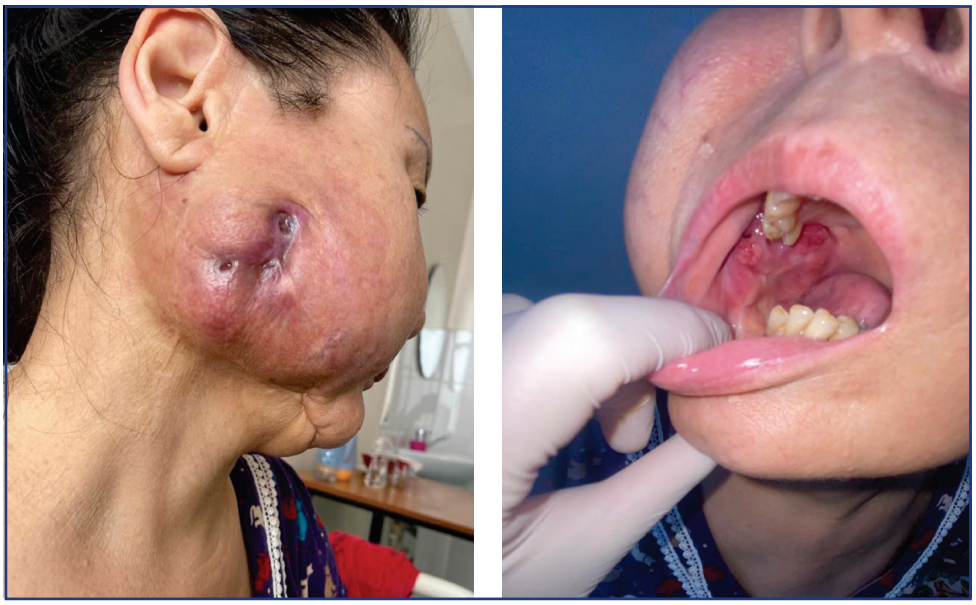

Figure 1 – Picture of a formation in the lower jaw in a 63-year-old patient diagnosed with "Ameloblastoma of the mandible. Recurrence."

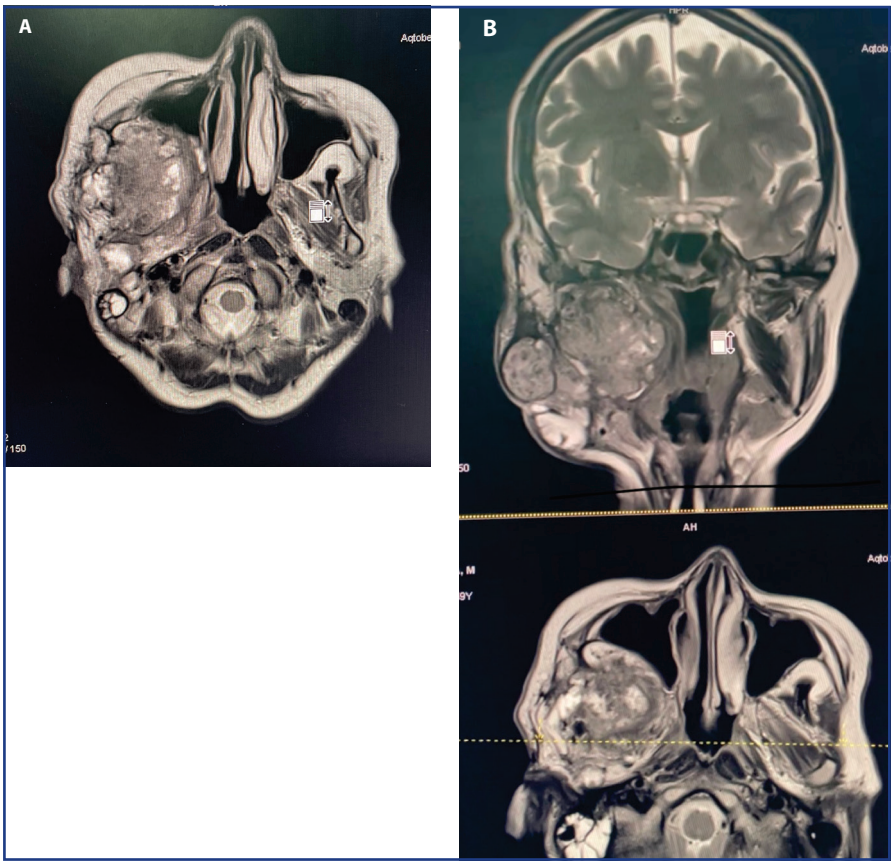

Figure 2 – MRI picture of a volumetric formation in the lower jaw in a 63-year-old patient diagnosed with "Ameloblastoma of the mandible. Recurrence: A – axial projection, B – frontal projection.

Magnetic resonance imaging of the cervical spine, performed in February 2022, showed an enlargement of the cervical lymph nodes, mainly to the right.

Treatment: After preoperative preparation, on 22.02.2022, surgical treatment was carried out as planned: Combined removal of a recurrent tumor of the middle zone of the right half of the face with extirpation of the right parotid salivary gland and buccal mucosa. Plastic surgery of the postoperative defect with a musculocutaneous flap along the pectoralis major muscle. Tracheostomy (Figure 3).

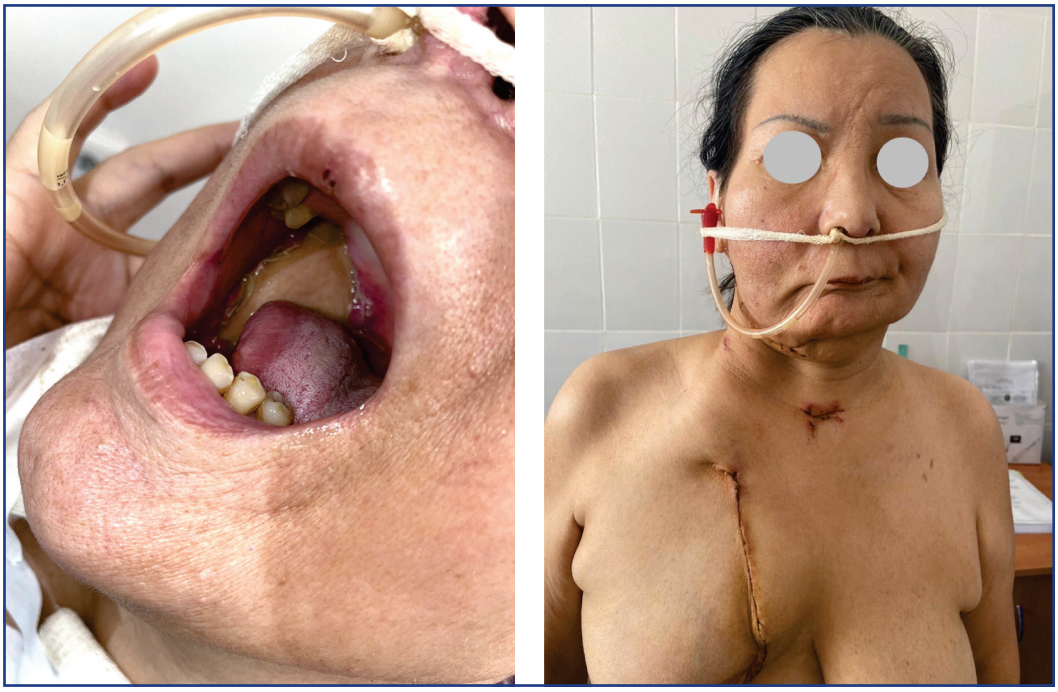

Figure 3 – Final view after surgery, "Combined removal of a recurrent tumor of the middle zone of the right half of the face with extirpation of the right parotid gland and buccal mucosa. Plastic surgery of the postoperative defect with a musculocutaneous flap along the pectoralis major muscle. Tracheostomy."

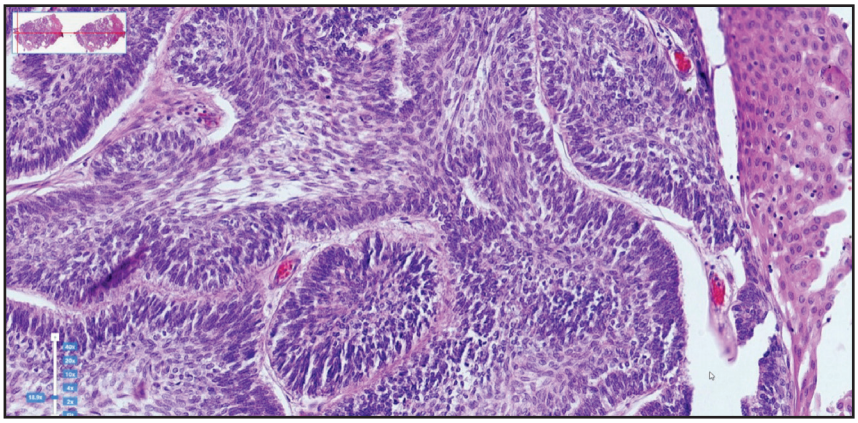

Figure 4 – Histological structure of the formation in the lower jaw in a 63-year-old patient diagnosed with Ameloblastoma of the mandible. Recurrence.

Results: Histological examination showed a tumor growth from a single-layer epithelium of structural tissue in the form of lymphocytes. Follicular ameloblastoma, reactive follicular changes in the detected lymph nodes (Figure 4).

Microscopic description: The structure consisted of round, oval, or irregular islands of epithelium that attempted to mimic the epithelium of an enamel organ. Nests and islets showed a peripheral palisade of columnar cells with reverse polarity. The central part of the insula included angular cells, resembling a stellate network of a developing tooth bud. A mature fibrous connective tissue stroma separated the nests.

MRI of the brain as of 05/25/2025: Retrocerebellar cyst. MRI signs of dyscirculatory encephalopathy. Condition after removal of ameloblastoma from the projection of the right mandible. The use of adipose and musculocutaneous tissue in the postoperative defective zone. Area with diffuse restriction in the parotid region. Residual tissue is not excluded (Figure 5).

The patient is currently healthy; no clinical or radiological signs of relapse were detected during 3 years' follow-up.

The timeline of the clinical case of "Ameloblastoma of the lower jaw on the right" is presented in Table 1.

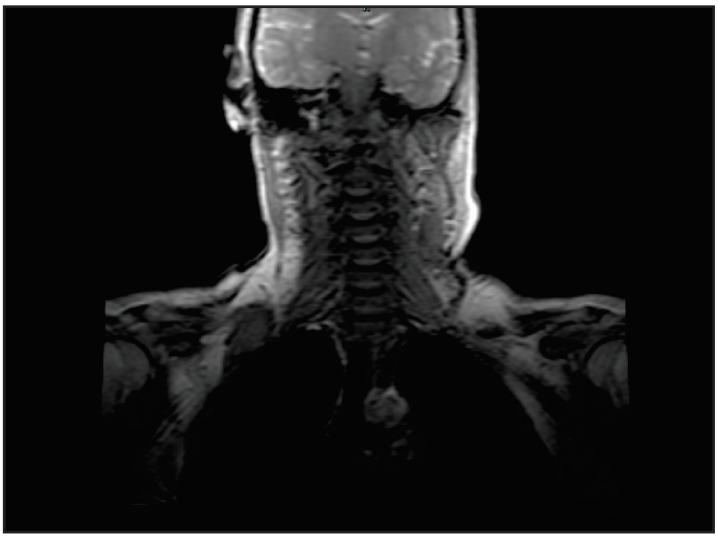

Figure 5 – Results of MRI of the brain, frontal projection: no data for recurrence were revealed in a 63-year-old patient diagnosed with Ameloblastoma of the lower jaw on the right. Recurrence.

Table 1 – Timeline of a clinical case of recurrent ameloblastoma of the mandible complicated by an orostomy

Date	Event	Symptoms
1997	A neoplasm was detected after the wisdom tooth extraction	Pain and swelling in the area of the wisdom tooth
1998	Admission to the Regional Clinical Hospital in Uralsk. Ameloblastoma was first diagnosed.	Increased jaw volume, dis-comfort when chewing
2002	Resection of the right half of the lower jaw	Pain, facial deformity, occlu-sion disorder
2009	Removal of recurrence in Orenburg	Repeated volume gain, facial asymmetry
2016	Repeated resection of recurrence in Orenburg	Swelling, a feeling of pres-sure in the jaw area
2020	Surgical removal of a recurrent tumor in Tash-kent	Pain, limitation of mouth opening, recurrent course
February 2022	Hospitalization at the M. Ospanov Medical Center (Aktobe), MRI, diagnosis of relapse	Pain, speech disorders
22 February 2022	A combined operation with reconstruction of a musculocutaneous flap was performed.	Postoperative pain, recovery of functions
May 2022	First postoperative control: satisfactory condition, remission	No complaints
January 2023	MRI of the head and lower jaw – no signs of re-currence were revealed	No complaints
March 2024	Repeated MRI, consultations with an oncologist and a dentist – stable remission	No complaints
May 2025	Last MRI: postoperative changes with no signs of recurrence. No complaints	The condition is stable; no signs of recurrence

Discussion: Ameloblastoma is the most common tumor of the oral cavity, developing from residual odontogenic epithelium [7, 8]. The most common type of ameloblastoma (57-63.8% of cases) is ordinary ameloblastoma [9]. It is predominantly localized in the lower jaw [10], showing no obvious dependence on gender or ethnicity. Clinically, conventional ameloblastoma is manifested by slow and asymptomatic growth of bone tissue. With a significant tumor size, loosening of the teeth, facial asymmetry, masticatory function disorders, and pain can be observed. Unlike other types of ameloblastoma, the ordinary form is characterized by a more aggressive course and an increased likelihood of recurrence. The most effective treatment method is radical surgery [11].

The goal of surgical treatment of ameloblastoma is to achieve maximum efficiency in preventing recurrences of the disease while restoring the full functionality and aesthetic appearance of the patient, while minimizing the risk of complications in the area of donor material. Currently, the standard treatment for classic ameloblastoma (solid/multicystic) is a radical operation, involving a complete block resection with an adequate supply of healthy tissues. In this case, segmental or marginal osteotomy is used for the lower jaw, and partial or total maxillectomy is used for the upper jaw. Given the high probability of recurrence after conservative treatment, especially in cases of hard/multicystic form of ameloblastoma, it is recommended to perform a wide resection with an indentation from the bone edges by 1-1.5 cm. Radical surgery, despite its effectiveness, can lead to aesthetic defects, functional disorders, and psychological discomfort in patients [12]. In order to minimize such complications, conservative surgery was reviewed, including removal of abnormal focus, enucleation, curettage, as well as their various combinations using Carnoy solution and cryotherapy, which was performed for that patient.

However, as a recent meta-analysis has shown, conservative approaches are characterized by a high relapse rate (up to 40%). Moreover, in the treatment of primary solid/multicenter ameloblastoma, conservative methods were three times more prone to recurrence compared to radical methods [13]. Similarly, another meta-analysis covering four studies of radical and conservative treatment of ameloblastoma found a statistically significant increase in recurrence rates in conservative treatment compared with surgery intervention [14]. The prognosis of ameloblastoma is determined by a set of factors, including the patient's age and the tumor's location, size, histological type, degree, and stage of development [15].

According to studies, there is a risk of recurrence after treatment of ameloblastoma. A Chinese study indicates an overall recurrence rate of 9.8% [16], while a European multicenter study [17] fixes this figure at the level of 19.3%. Tumors larger than 6 cm in diameter or affecting neighboring anatomical structures, including soft tissues, are associated with an increased risk of recurrence, regardless of the chosen method of surgical intervention [17]. An increased recurrence rate is also observed in granular and follicular histological variants of the tumor [3]. Ameloblastoma is characterized by slow growth. According to a meta-analysis, the average annual growth rate of this tumor is 87.8% [12]. However, if left untreated, ameloblastoma can reach a significant size, which can lead to airway compression and a life-threatening condition [18].

Histological analysis in all cases confirmed the diagnosis of ameloblastoma, which excludes the possibility of a different nature of the tumor. According to the WHO classification 2024, the most common form is classic ameloblastoma, characterized by infiltrative growth and a higher tendency to recurrence. Given the repeated relapses, we can assume exactly this form of the disease in this case.

Another important feature of the presented case is the wide geography of the patient's treatment, including medical institutions of Kazakhstan, the Russian Federation, and Uzbekistan. This may indicate the difficulty of managing such patients in the long term, as well as the need for a standardized approach to the treatment of ameloblastoma at the international level. Based on this clinical follow-up, it can be concluded that the optimal treatment tactics for ameloblastoma are radical surgery followed by careful monitoring of the patient. An important role is also played by a multidisciplinary approach, including dental surgeons, oncologists, and reconstructive specialists, which not only reduces the risk of recurrence but also improves the patient's quality of life after surgery.

Conclusion: Ameloblastoma is a benign but aggressive tumor prone to recurrence. The optimal treatment tactic is radical resection with reconstruction, since conservative methods are ineffective. The presented case demonstrates the importance of timely diagnosis, an interdisciplinary approach, and long-term follow-up. Standardization of ameloblastoma treatment remains a critical task.

References:

1. You Z., Liu S.P., Du J., Wu Y.H., Zhang S.Z. Advancements in MAPK signaling pathways and MAPK-targeted therapies for ameloblastoma: a review // J. Oral. Pathol. Med. – 2019. - Vol. 48. – P. 201-205. https://doi.org/10.1111/jop.12807

2. Hendra F.N., VanCann E.M., Helder M.N., Ruslin M., deVisscher J.G., Forouzanfar T., de Vet H. Global incidence and profile of ameloblastoma: A systematic review and meta-analysis // Oral Dis. – 2020. – Vol. 26 (1). – P. 12-21. https://doi.org/10.1111/odi.13031

3. Kondo S., Ota A., Ono T., Karnan S., Wahiduzzaman M., Hyodo T., Lutfur Rahman M., Ito K., Furuhashi A., Hayashi T., Konishi H., Tsuzuki S., Hosokawa Y., Kazaoka Y. Discovery of novel molecular characteristics and cellular biological properties in ameloblastoma // Cancer Med. - 2020. – Vol. 9. – P. 2904-2917. https://doi.org/10.1002/cam4.2931

4. Speight P.M., Takata T. New tumour entities in the 4th edition of the World Health Organization Classification of Head and Neck tumours: odontogenic and maxillofacial bone tumours // Virchows Arch. – 2018. – Vol. 472(3). – P. 331-339. https://doi.org/10.1007/s00428-017-2182-3

5. Nosé V., Lazar A.J. Update from the 5th Edition of the World Health Organization Classification of Head and Neck Tumors: Familial Tumor Syndromes // Head Neck Pathol. –2022. – Vol. 16. – P. 143-157. https://doi.org/10.1007/s12105-022-01414-z

6. WHO Classification of Tumours Editorial Board. Head and Neck Tumours. WHO Classification of Tumours, 5th ed. – Vol. 9. – IARC WHO; Lyon, France: 2024. https://www.iarc.who.int/news-events/publication-of-the-who-classification-of-tumours-5th-edition-volume-9-head-and-neck-tumours/

7. Decani S., Quatrale M., Caria V., Moneghini L., Varoni EM. Peripheral Ameloblastoma: A Case Report and Review of Literature // J Clin Med. – 2024. – Vol. 13(22). – Art. No. 6714. https://doi.org/10.3390/jcm13226714

8. Ülker E., Kirtiloğlu T., Taban B. Peripheral Ameloblastoma: A Case Report // J. Clin. Exp. Dent. – 2020. – Vol. 12. – P. e607-e609. https://doi.org/10.4317/jced.56757

9. Netto R., Peralta-Mamani M., de Freitas-Filho S.A., Moura L.L., Rubira C.M., Rubira-Bullen I.R. Segmental resection vs. partial resection on treating solid multicystic ameloblastomas of the jaws—Recurrence rates: A systematic review and meta-analysis // J. Clin. Exp. Dent. – 2023. – Vol. 15. – P. e518-e525. https://doi.org/10.4317/jced.60502

10. Hendra F.N., Helder M.N., Ruslin M., Van Cann E.M., Forouzanfar T. A network meta-analysis assessing the effectiveness of various radical and conservative surgical approaches regarding recurrence in treating solid/multicystic ameloblastomas // Sci. Rep. – 2023. – Vol. 13. – Art. No. 8445. https://doi.org/10.1038/s41598-023-32190-7

11. Augustine D., Rao R.S., Surendra L., Patil S., Yoithapprabhunath T.R., Albogami S., Shamsuddin S., Basheer S.A., Sainudeen S. Histopathologic Feature of Hyalinization Predicts Recurrence of Conventional/Solid Multicystic Ameloblastomas // Diagnostics. – 2022. – Vol. 12. – Art. No. 1114. https://doi.org/10.3390/diagnostics12051114

12. Ghai S. Ameloblastoma: An Updated Narrative Review of an Enigmatic Tumor // Cureus. – 2022. – Vol. 14(8). – Art. No. e27734. https://doi.org/10.7759/cureus.27734

13. Almeida Rde A., Andrade E.S., Barbalho J.C., Vajgel A., Vasconcelos B.C. Recurrence rate following treatment for primary multicystic ameloblastoma: systematic review and meta-analysis // Int. J. Oral Maxillofac. Surg. – 2016. – Vol. 45. – P. 359-367. https://doi.org/10.1016/j.ijom.2015.12.016

14. Troiano G., Dioguardi M., Cocco A. Conservative vs radical approach for the treatment of solid/multicystic ameloblastoma: a systematic review and meta-analysis of the last decade // Oral Health

Prev. Dent. – 2017. – Vol. 15. – P. 421-426. https://doi.org/10.3290/j.ohpd.a38732

15. McClary A.C., West R.B., McClary A.C. Ameloblastoma: a clinical review and trends in management // Eur. Arch. Otorhinolaryngol. – 2016. – Vol. 273. – P. 1649-1661. https://doi.org/10.1007/s00405-015-3631-8

16. Yang R., Liu Z., Gokavarapu S., Peng C., Ji T., Cao W. Recurrence and cancerization of ameloblastoma: multivariate analysis of 87 recurrent craniofacial ameloblastoma to assess risk factors associated with early recurrence and secondary ameloblastic carcinoma // Chin. J. Cancer Res. – 2017. – Vol. 29. – P. 189-195. https://doi.org/10.21147/j.issn.1000-9604.2017.03.04

17. Boffano P., Cavarra F., Tricarico G. The epidemiology and management of ameloblastomas: a European multicenter study // J. Craniomaxillofac. Surg. – 2021. – Vol. 49. – P. 1107-1112. https://doi.org/10.1016/j.jcms.2021.09.007

18. Chae M.P., Smoll N.R., Hunter-Smith D.J., Rozen W.M. Establishing the natural history and growth rate of ameloblastoma with implications for management: systematic review and meta-analysis // PLoS One. – 2015. – Vol. 10. – P. 0. https://doi.org/10.1371/journal.pone.0117241

АҢДАТПА

ОРОСТОМАМЕН АСҚЫНҒАН ТӨМЕНГІ ЖАҚ СҮЙЕГІНІҢ ҚАЙТАЛАНАТЫН АМЕЛОБЛАСТОМАСЫН ХИРУРГИЯЛЫҚ ЕМДЕУ ЖӘНЕ РЕКОНСТРУКЦИЯЛАУ: КЛИНИКАЛЫҚ ЖАҒДАЙДЫ

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Өзектілігі: *Амелобластома — жақ сүйегінің жиі кездесетін қатерсіз ісіктерінің бірі, ол жергілікті инвазиялық өсуімен және жиі қайталануымен сипатталады. Қатерсіз сипатына қарамастан, бұл ауру сүйек тінінің бұзылуы, функционалдық бұзылыстар қаупі және жақ-бет ақауларын қалпына келтірудегі күрделілік салдарынан маңызды клиникалық мәселе болып табылады. Қазіргі таңда магнитті-резонанстық және компьютерлік томография, биопсия және хирургиялық резекцияны қоса алғанда, диагностика мен емдеудің заманауи әдістері бұл науқастарды басқаруда негізгі құрал болып қала береді. Дегенмен, рецидивтердің жиілігі жаңа терапиялық тәсілдерді іздеуді және реконструктивті әдістерді жетілдіруді талап етеді.*

Бұл басылымның мақсаты *– оростомамен күрделенген төменгі жақтың қайталанатын амелобластомасының клиникалық жағдайын талдау, хирургиялық емдеу мен реконструкцияның тиімділігін бағалау.*

Әдістері: *Мақалада 63 жастағы әйелде төменгі жақтың амелобластомасын диагностикалау және емдеу бойынша сирек клиникалық жағдай сипатталған.*

Нәтижелері: *Амелобластома алғаш рет 1997 жылы анықталған, кейін 2002, 2009, 2016 және 2020 жылдары бірнеше рет рецидивтермен және хирургиялық араласулармен байқалған. 2022 жылы қайталанған ісікті резекциялау және тері-бұлшықеттік қақпақша арқылы ақауды қалпына келтірумен біріктірілген операция жасалды.*

Гистологиялық тұрғыдан фолликулярлық типтегі амелобластома расталды: палисад тәрізді орналасқан жасушалары мен эмальді органды еліктіретін жұлдыз тәрізді құрылымдары бар эпителиальды ұяшықтар анықталды. 2025 жылдың мамырындағы МРТ нәтижесі бойынша рецидив белгілері байқалмаған. Үш жылдық бақылау барысында пациент тұрақты ремиссияда.

Ауру уақыт шкаласы бойынша шамамен 30 жыл бойы бақыланды. Алынған деректер кешенді хирургиялық әдістің және реконструкцияның тиімділігін растайды.

Қорытынды: *Амелобластома қатерсіз ісік бола тұра, белсенді хирургиялық араласуды және ұзақ мерзімді динамикалық бақылауды қажет ететін патология ретінде ерекшеленеді. Жекелендірілген емдеу жоспары мен пәнаралық тәсіл науқас жағдайын жақсартуға мүмкіндік береді.*

Түйінді сөздер: *амелобластома, рецидив, реконструктивті хирургия, клиникалық жағдай.*

АННОТАЦИЯ

ХИРУРГИЧЕСКОЕ ЛЕЧЕНИЕ И РЕКОНСТРУКЦИЯ РЕЦИДИВИРУЮЩЕЙ АМЕЛОБЛАСТОМЫ НИЖНЕЙ ЧЕЛЮСТИ, ОСЛОЖНЕННОЙ ОРОСТОМОЙ: КЛИНИЧЕСКИЙ СЛУЧАЙ

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Актуальность: *Амелобластома – одна из наиболее распространённых доброкачественных опухолей челюсти, характеризующаяся локально инвазивным ростом и высокой склонностью к рецидивированию. Несмотря на доброкачественную природу, заболевание представляет серьёзную клиническую проблему вследствие разрушения костной ткани, риска функциональных нарушений и необходимости сложной реконструкции челюстно-лицевых дефектов. Современные методы диагностики и лечения, включая магнитно-резонансную и компьютерную томографию, биопсию и хирургическую резекцию, остаются ключевыми в ведении таких пациентов. Однако высокая частота рецидивов обусловливает необходимость поиска новых подходов к терапии и усовершенствования реконструктивных методов.*

Цель публикации *– анализ клинического случая рецидивирующей амелобластомы нижней челюсти, осложненной оростомой, с оценкой эффективности хирургического лечения и реконструкции.*

Методы: *В статье описан редкий случай диагностики и лечения амелобластомы нижней челюсти у пациентки 63 лет.*

Результаты: *Амелобластома у пациентки впервые выявлена в 1997 году, с последующими рецидивами и хирургическими вмешательствами в 2002, 2009, 2016 и 2020 годах. В 2022 году выполнена комбинированная операция с резекцией рецидивной опухоли и реконструкцией дефекта кожно-мышечным лоскутом.*

Гистологически подтверждён фолликулярный тип амелобластомы: выявлены эпителиальные гнёзда с палисадным расположением клеток и звездчатоподобными структурами, имитирующими эмалевый орган. По данным МРТ от мая 2025 года, признаков рецидива не выявлено. На протяжении трёх лет наблюдения пациентка находится в устойчивой ремиссии.

Заболевание прослежено на временной шкале в течение почти 30 лет. Полученные данные подтверждают эффективность комплексного хирургического подхода с реконструкцией.

Заключение: *Данный клинический случай демонстрирует, что амелобластома, несмотря на доброкачественный характер, требует активного хирургического подхода и длительного наблюдения. Представленный опыт подтверждает важность индивидуализированного плана лечения и междисциплинарного взаимодействия специалистов для повышения эффективности терапии и улучшения качества жизни пациентов.*

Ключевые слова: *амелобластома, рецидив, реконструктивная операция, клинический случай.*

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