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non-fall impacts, assaults, road-user accidents, sports, occupational, and others.² A significant proportion of facial lacerations were due to 'non-fall impacts' (19%), defined as collisions with furnishings, fixtures, and structural elements, both inside and outside the home but not at the work place.² It is, therefore, interesting to note that Key et al apparently did not find any lacerations due to the mechanisms of injury responsible for 'non-fall impacts'.

Secondly, case 5 with a laceration over the right angle of mandible and adjacent part of the neck seems to have not been clearly included in Figure 2, showing the sites of the facial lacerations. I should, therefore, like to advocate the use of a grid system dividing the whole head into 43 zones.² Each zone is related to underlying anatomical differences and the system provides a means for, not only clearly recording the sites of lacerations, but also their severity.

I also feel, like I am sure many of your readers, that operator experience is a very important factor in achieving good results from repair of facial lacerations, a point not mentioned by Key et al.

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CENTRAL GIANT CELL GRANULOMAS OF THE JAWS

Sir,

Being interested in central giant cell lesions of the jaws, we read the article by Sidhu, Parkash and Sidhu (*Br J Oral Maxillofac Surg* 1995; 33: 43-46) with special attention. We found it striking that this paper was received on 1 September 1993, and was accepted for publication half a year later on 4 March 1994, and actually published after another 12 months in the February 1995 issue of your journal, which our University library received on 7 April 1995. This is of course the main reason for the absence of important recent literature on giant cell lesions in the reference list belonging to this paper.¹⁻⁴

Furthermore one should expect the article to be extensively peer-reviewed in the meantime. However, the reported findings and the depicted figures do not seem to correspond very well. According to Figure 4 there were 15 females and 4 males incorporated in this study of 19 cases of central giant cell granulomas. So the female preponder-

ance is not 2.9 times (finding c), but $15/4 = 3.75$ times over the males. Apart from the printing error in finding (e), there seems to be an essential basic error leading to a false conclusion of right side predilection. According to Figure 5 there are 7 cases with involvement of the right side of the mandible and 8 left side cases, of which 4 are crossing the midline. Therefore the statement that the lesion does occur more often on the right side of the mandible is not justified. When 15 of the 19 cases were under 30 years of age, the percentage is 79% instead of 84% (finding 6 and discussion). Histological differentiation of central giant cell granulomas and giant cell tumors of the jaw is rather controversial, since there are only gradual differences and no absolute histologic criteria for differentiation.^{3,4} Concerning the measurement of serum calcium and alkaline phosphatase, single measurement of serum calcium is no guarantee for definite exclusion of hyperparathyroidism.^{3,5} It should at least be determined three times, preferably in conjunction with plasma albumin, PTH and PTH related peptide.^{3,5,6} Additionally X-rays and/or a Technetium scan should be made to exclude other lesions/locations.⁷

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