

64th INAUGURAL LECTURE

**THE *PEARLY GATEWAY* AND SUPPORTS: CONFRONTATION OF IN-
TRUDERS TO SUSTAIN BEAUTY AND TO MAINTAIN FUNCTIONS**

by

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PNMC***

Protocol

The Vice-Chancellor,

The Deputy Vice-Chancellor (Academics),

The Deputy Vice-Chancellor (Administration),

The Registrar and Secretary to the Governing Council,

The Provost, Lagos State University College of Medicine,

The University Librarian,

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Dean, Faculty of Basic Medical Sciences

Dean, Faculty of Dentistry,

Deans of Other Faculties and of Students,

Members of Senate,

Academic and Non Academic Staff,

My Lords Spiritual and Temporal,

My Lovely Family Members,

Invited Guests,

Members of the Print and Electronic media,

Distinguished Ladies and Gentlemen.

Preamble

With gratitude to the Almighty God, I warmly welcome you to this inaugural lecture, *The Pearly Gateway and Supports: Confrontation of Intruders to Sustain Beauty and to Maintain Functions*. I am particularly grateful to the Vice-Chancellor, Professor Olanrewaju Adigun Fagbohun for granting me the opportunity to deliver this inaugural lecture on behalf of my Faculty, the Faculty of Dentistry. This lecture is unique and Mr. Vice-Chancellor sir, please permit me to christen it the 'Triple-First Inaugural Lecture'. The 'Triple-First' in recent times because this is the first from our young and promising Faculty of Dentistry, the toast of this University, also the first from the up and coming but dynamic Department of Oral and Maxillofacial Surgery and of course, it is my inaugural lecture.

In spiritual and celestial circles, *Pearly Gateway*, represents the heavenly gateway that 'admits' to the presence of the Almighty. I am not sure this heavenly *gateway* could be invaded or gate-crashed. The beauties of the activities therein and the duties within this celestial *gateway*, I believe, is everlasting and eternal. It is prepared for and accessible only to those who have worked and are qualified to pass through.

Contrastingly, in the terrestrial realm are the common gateways we all are very familiar with. These adorn cities, palaces, places of religious worships, small

huts and great mansions. They protect and secure prisons, war zones, barracks, warehouses and premises of companies. They are conceptions and designs of the human minds and intellect and fabrications of their hands.

Paradoxically, still in the physical and natural realms but beyond the designs nor the fabrications of any living being is another gateway. This very gateway is an endowment of all animals but specially developed in those with backbones (the vertebrates).

This very special gateway is greatly valued, like pearls, by the human race. It has 32 pearl-like 'decorative' standing by its entrance in the adult and 20 in children. These decorative and attributes have earned it the name *Pearly Gateway*.

A widely held believe and common saying is that this *gateway* is the 'way' to a man's *heart*. Experienced mothers and smart housewives are not unwary of this statement and have explored it to their immense benefits and great advantages. On many occasions they have wisely employed it to strengthen their control and grips over the man and the household.

Curiously, those who know and are experts in human body topography and anatomy hold strongly to the view that, in normal circumstances, there is no observable direct linkage or communications between this *gateway* and the

heart. Is it possible then that an overlap between the spiritual and the physical occurred through this very *gateway*? An overlap that is not easily explainable but could be pondered on only in the mind! Discussion on this however is beyond the scope of this lecture. Mr. Vice-Chancellor sir, it is on the physical and the visible *Pearly Gateway and Supports* that this lecture will direct its focus.

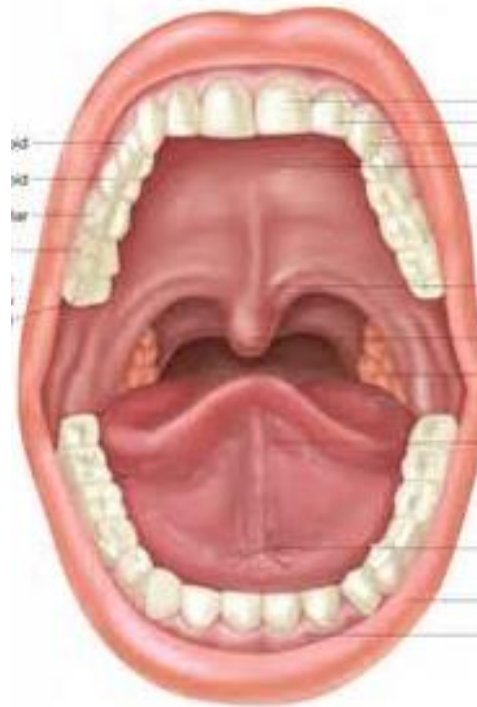
Introduction

There are several orifices, openings, or in common usage 'holes', that are variously distributed in the human body. Some are found mostly between the undersurface of the head and the neck. They are not easily seen nor accessible not even to the individuals that possesses them. Other openings, nine in number, include the paired nose and the eyes. They could be seen or touched by all. Three of them, the nose, the anus and the mouth are through and through openings with no dead ends.

Out of these three only the mouth, with its decorative pearls, enjoys the semblance of a true gateway. It possesses the capability to open widely and close snugly akin to doors or gates. This is achieved by coming together of the upper and lower lips or the upper and lower teeth or both the lips and the teeth synchronously.

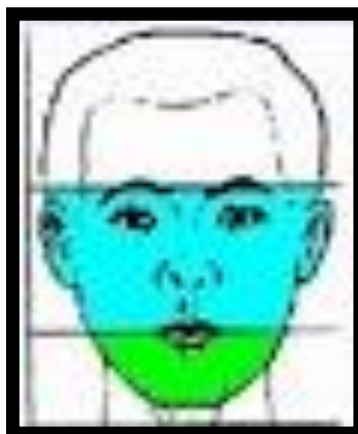
The Mouth or do I say the *Pearly Gateway* is delicately fabricated and precisely positioned in the body. It is appropriately surrounded by and has supports from

several tissues and structures of the face. These are the bones of the jaws, the joints that facilitate movements of the jaws, the muscles employed in biting and chewing, the muscles of facial expression, the blood and lymphatic supplies to the face, the connective tissues and the skin that covers all these structures.



Mr. Vice-Chancellor sir, this *Pearly Gateway and supports* defines the Oro-facial or the Maxillofacial region. The region is the anatomical location and the body position of the practice of Oral and Maxillofacial Surgery. Oral and Maxillofacial Surgery is a Specialty of Dental Surgery, Medicine or both depending on country and its medical legislation. The specialty employs surgical manoeuvres and procedures in the treatment of diseases of the skull, the Face and the Mouth.

This region covers the lower third of the face, the middle third of the face and some portion of the upper third of the face. It is the most exposed, the most adored, the most adorned, and the most 'panelled beaten' and 'painted' part of the human body. Beauty, good looks and attractiveness reside and are appreciated in this region.



The functions of the *Pearly Gateway and Supports* go beyond granting of access 'to' and 'fro' as it is with the common gateways. The *Pearly Gateway and*

supports are saddled with the responsibilities of well co-ordinated fluent speeches (verbal communications), smiling, frowning, crying and other emotional expressions (non-verbal communications). Other functions are chewing (mastication), swallowing and harmony of the face (expression of beauty). In certain situations when breathing becomes difficult or belaboured, the *Pearly Gateway and Supports* are recruited for assistance.

Invasion of the common gateways and supports causes damage to the structures and exposes the residents, the properties and the materials within to assault and danger. The consequences are displeasure, discomforts and embarrassment. Intruders to the *Pearly Gateway and Supports* cause similar untoward experiences. They bring displeasure, discomforts, psychological and emotional embarrassment, deformity and grotesque disfigurement of the face.

Like in the well known gateway, intruders to the *Pearly gateway and Supports* come in various shades, shapes, temperament and coloration and with varied intentions.

The menace of *Omo Online*, who lay claims to the landed properties of their ancestors, is not unfamiliar to almost everybody here. The fear of *Omo Onile* is what majority of landlords and property owners in Lagos and surrounding States put up with. They pursue confrontation with *Omo Onile* with wisdom and due respects. Comparatively, the *Pearly Gateway and Support* are not spared

the agony of *Omo Oniles* who are the descendants of the original owners of the location, environment and properties.

By design, inheritance or acquisition, they are never deterred by the deleterious consequences of their actions. They are interested mainly in personal gains and acquisitions, in individual benefits and well being.

Among the *Omo Onile* intruders to the *Pearly Gateway and Supports* are Oral Cancers, Odontogenic Cysts of the jaws, Odontogenic Tumours including Ameloblastoma.

The similitude of *Ono Janduku or Area Boys* are other potential intruders to the *Pearly Gateway and Supports*. In the real world, *Omo Janduku or Area Boys* are hoodlums and hooligans who believe they are powerful and endowed with physical strength. They make themselves lords and terrors over everyone in their environment.

Skin cancers on the face, facial keloids and infections about the face exhibit these characteristics of *Omo Janduku or Area Boys* intruders.

As seen in the common gateway and surroundings, external *aggressors or trespassers*, *Omo'ta or Ipata* invades from outside of the confines of the gateway. The *Pearly Gateway and Supports* suffer also the atrocities caused by

equivalent *Omo'tas' or Ipatas'* negative influences. They devastate the aesthetic appeals of the gateway and render it functionally irrelevant.

The *Omo'ta or Ipata* intruders of the *Pearly Gateway and Supports* include injuries and assault in various dimensions. These may be physical, chemical, mechanical or infective. Physical injuries may result in fractures of the facial skeleton. Human bite may be the consequences of physical assault and keloid may be an untoward effect of surgical or physical assault.

The effects of *Omo'ta's or Ipata's* aggression on the *Pearly Gateway and supports* are not unlike those caused by other intruders. The consequences are disfigurement, deformity, loss of facial aesthetics and beauty. Other effects of the *Omo'ta's or Ipata's* invasions are reduction or total loss of ability to bite, chew, speak, swallow and assist in breathing when needed.

The Oral and Maxillofacial Surgeons, by training, acquisition of skills, knowledge and competences and by societal expectations and demand, have the responsibilities for the sustenance of the beauty and maintenance of functions of the *Pearly Gateway and Supports*. 'Confrontations' with the intruders, in every way possible, are the reasonable options executed by the Oral and Maxillofacial Surgeons to achieve the goals and objectives of their profession and calling.

Medications, surgical procedures and well designed investigative studies and researches are the tools and weapons available in confronting these intruders. These tools and weapons were appropriately employed in confronting some of the *Omo Online* intruders, the *Omo Janduku or Area Boys* invaders and the *Omo'ta and Ipata* aggressors of the *Pearly Gateway and its Supports*. A few of these will be presented and shared with us.

AMELOBLASTOMA-OMO ONILE INTRUDERS

Ameloblastoma is a tumour of the jaws and face. It presents a prototype of the *Omo Onile* menace. The tumour is caused by the uncoordinated and uncontrolled growth of Ameloblasts. Ameloblasts are indigenous cells, *Omo Onile*, responsible under normal circumstances for the formation of the enamel of the tooth. Ameloblastoma looks harmless and innocuous, like the typical *Omo*

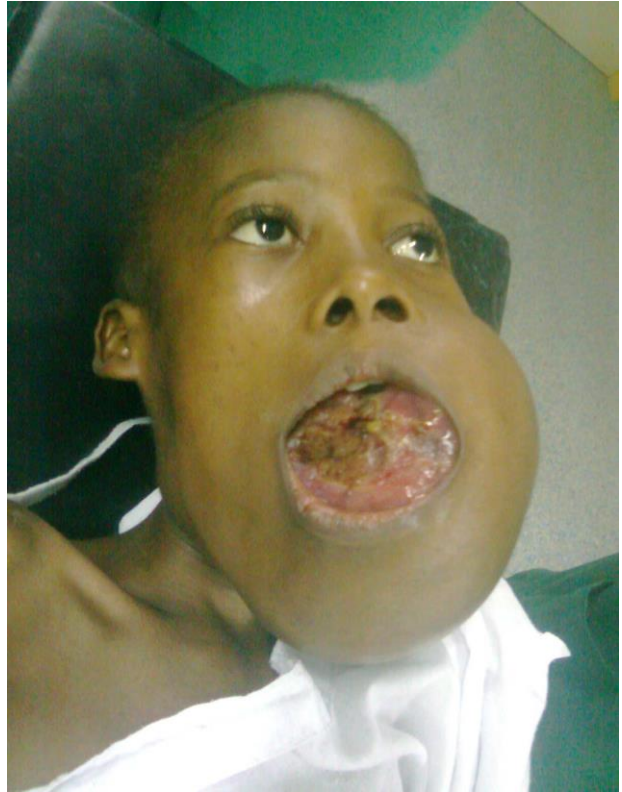
Onile, but it is potentially dangerous. The tumour is more prevalent in the black race.

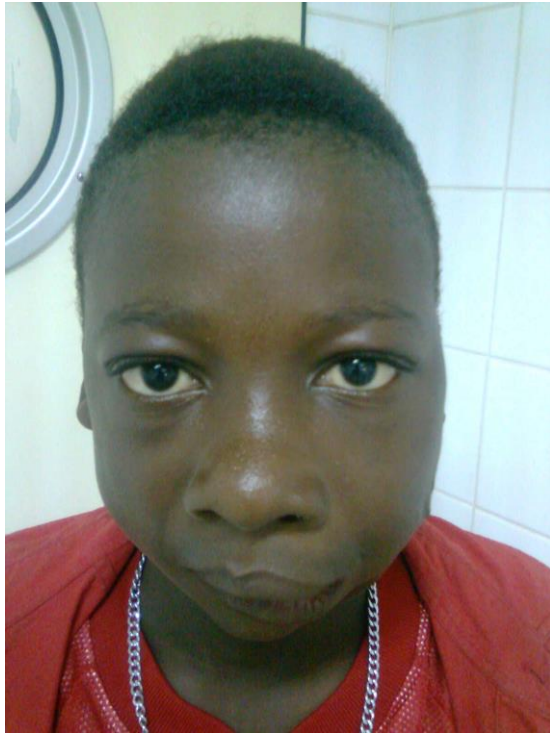


Set with the goal to determine how best to confront and control this tumour, eight series of comprehensive in-depth studies on various aspects of Ameloblastoma were undertaken and published. Because of the limitation imposed by time, only three of these investigations will be briefly looked at.

The first study evaluated how children and adolescents were afflicted by Ameloblastoma of the jaws. The study spanned a period of eleven years. The study

showed that 14.5% (30 patients) of all cases of Ameloblastoma were in children and adolescents under the age of 18 years. Three young males are afflicted for every two young females.





The study brought to the fore the need for early and regular visit to the Oral and Maxillofacial Surgeon and the family dentist. Prompt visits to these professionals will help detect the disease on time and stem unnecessary destruction of the facial structures. Beauty will therefore be sustained and functions maintained for the *Pearly Gateway and Supports*.

Determination of the Socio-economic status of 206 patients who presented with Ameloblastoma of the jaws over an eleven-year period was another investigation carried out for further insight on best ways to confront this *Omo-Online* agony. Over 60% of the afflicted patients belonged to the low social

class. Ignorance and poverty were prevalent in those patients.

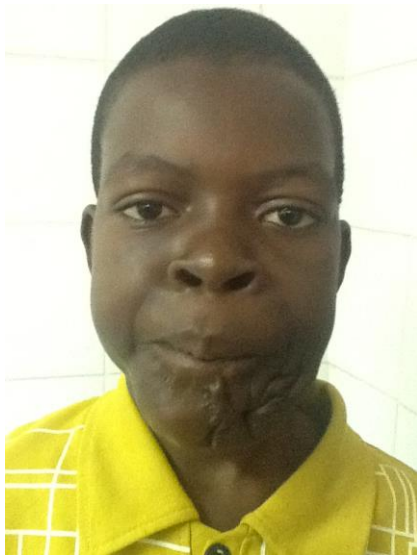


The study concluded that definite and primary oral healthcare screening targeted at the people in the lower socio-economic wrung of the society will help to detect the lesion at onset. Early detection and instant initiation of treatment will reduce the extent of deformity, minimise loss of aesthetics and functions and bring down the cost of treatment.

The third presentation on Ameloblastoma for this lecture investigated 315 patients seen over a 20-year period, one of the largest sample on the disease globally. The peak period of affliction was found to be from age 21 to 30 years and men were afflicted more. Men are therefore implored to be more vigilant, and see the Oral and Maxillofacial Surgeons or their family dentists frequently and regularly to nip this disease in the bud. Please watch my language, I have not said that women should sit back and watch themselves devoured by the disease.



This investigation further revealed the non desirability of blind scooping of diseased tissue or Curettage as a form of treatment but rather complete removal of afflicted portion of the jaws with rims of apparently unaffected bone.



**FACIAL KELOID SCARS- *OMO JANDUKU*
(*AREA BOYS*) INTRUDERS**

Keloid is a disfiguring lesion of the skin. It results from excessive production of scar from the surrounding connective tissues. The scar continues

with its abnormal proliferation and growth unmindful, like the *Omo Janduku* or *Area Boys*, of the normal events in the vicinity. The condition is commoner in the black race and people of African descent. Major operations, minor surgeries, minor skin cuts, acnes and pimples could lead to its occurrence. Occasionally, situations where there appears to be no obvious damage to the skin may also be responsible. Without mincing words, there is no surgeon of worth who does not give keloid a worthwhile consideration or do I call it enviable respect

when planning surgical procedures. The Oral and Maxillofacial Surgeon however is particularly concerned with the disfigurement and ugly sights keloids cause to the face.

Many Doctors and patients believe Keloid scar is extremely difficult to treat and control. Many surgeons have really given up hopes on possibilities of cure. This unsupported opinion ignited our interests in the further investigation. Ten studies have been published in first class peer-review journals on this condition. They provided more information on Keloid scar that would have been shared with us. Because of time constraints I will present only three of them.

The first was a randomised study on 26 patients with sessile keloids scar and 26 with pedunculated keloid scar. Fortnight injection of 10mg of triamcinolone for each centimetre of keloid scar was administered on both groups for a maximum of six months. Flattening of lesion was achieved in 23 (88.5%) of patient with sessile keloid scar and none in the patients with pedunculate keloid scar. This investigation revealed that keloid scars can be treated and controlled contrary to the commonly expressed opinion. It further showed that the two varie-

ties of keloid scars, the sessile and pedunculate respond differently to triamcinolone treatment. Inadequate quantity of triamcinolone given for inappropriate



period was also found to be responsible for lack of cure.

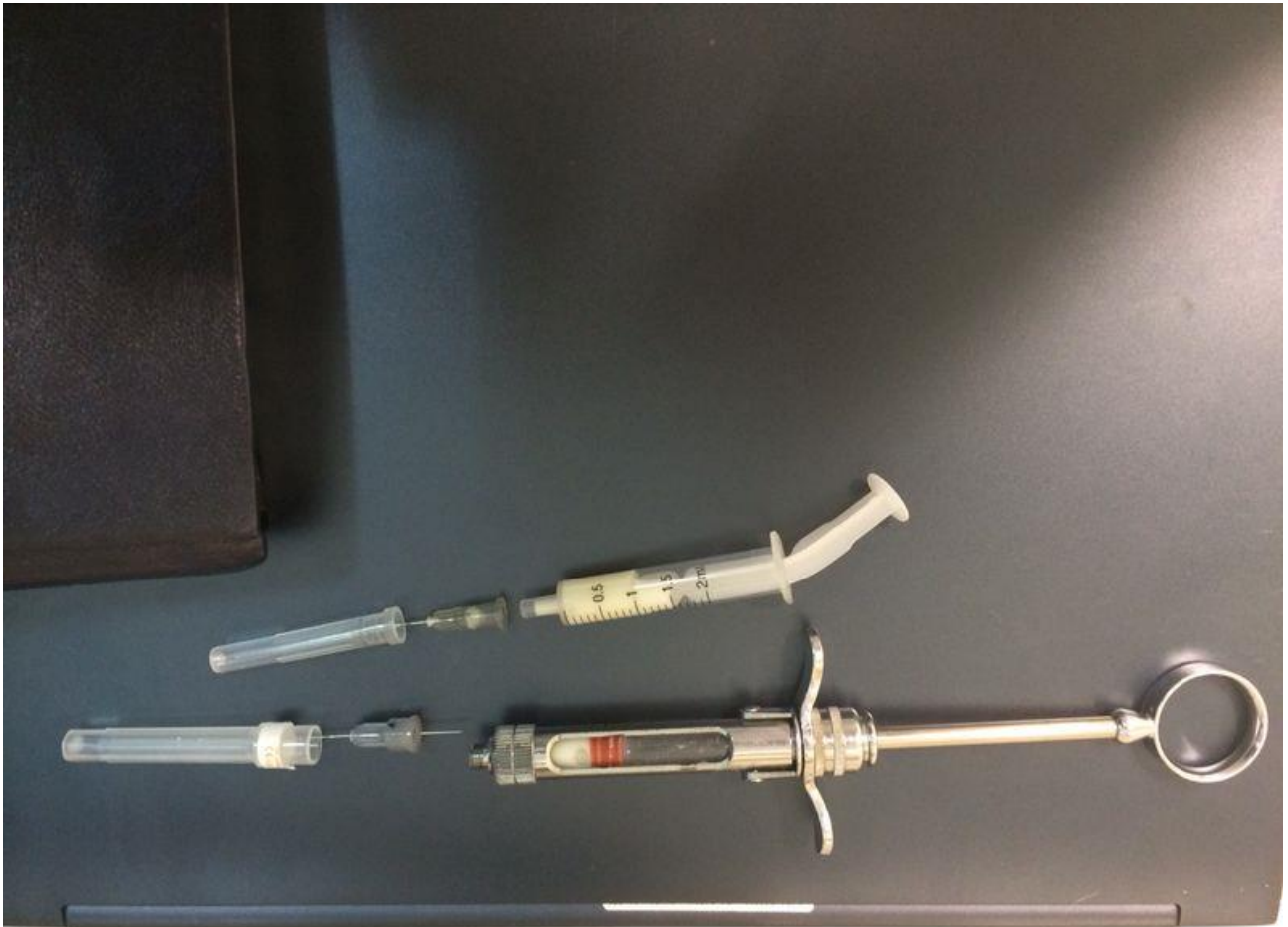
Comparison of the complications in the use of metal dental syringe injection system, newly introduced by our team for this study, with use of traditional plastic hypodermic syringe is the second investigation. The study further examined the changes in keloid heights associated with the use of these syringes in injection of triamcinolone. Forty four patients were injected using the metal dental syringe system and 44 had the traditional plastic hypodermic syringe. Fewer incidents of skin breakage and back flow of liquid were recorded with the metal dental syringe system. Less pain was also experienced with the



metal dental syringe delivery system compared with the traditional plastic hy-



podermic syringe.



The dental metal syringe system proved a better tool for delivery of triamcino-
lone in intralesional injection of keloid scars. This is due to the small bore of
the dental needle and the higher pressure deliverable by the metal syringe.
Though the metal syringe and needle are dental tools, They are recommended
for every doctor involved in the treatment of keloid. Effective use of these tools
confronts and flattens the *Omo Janduku* keloid that tends to cause unsightly
scar in the *Pearly Gateway and Support*.

The third investigation was on one hundred and seven patient who presented
with keloid scars of the face. They were randomly distributed into two treatment

groups. Group A had 54 patients treated with intralesional injection of 10 mg triamcinolone per linear centimetre of keloid scar fortnightly for a maximum of six months. Group B had surgical removal of keloid scar in addition to radiation of 16 Gray administered in four fractions in as many consecutive days, commencing immediately before surgery. Eighty one percent flattening of keloid scar was achieved with triamcinolone treatment group compared with 58% in those who had surgical removal of keloid scar as well as radiation therapy. The finding shows that intralesional injection of triamcinolone is statistically significantly a superior treatment modality. And triamcinolone injection is advised in 'confronting' the menace of this category of *Omo Janduku or Area Boys* as it presents in Keloid scar of the face.

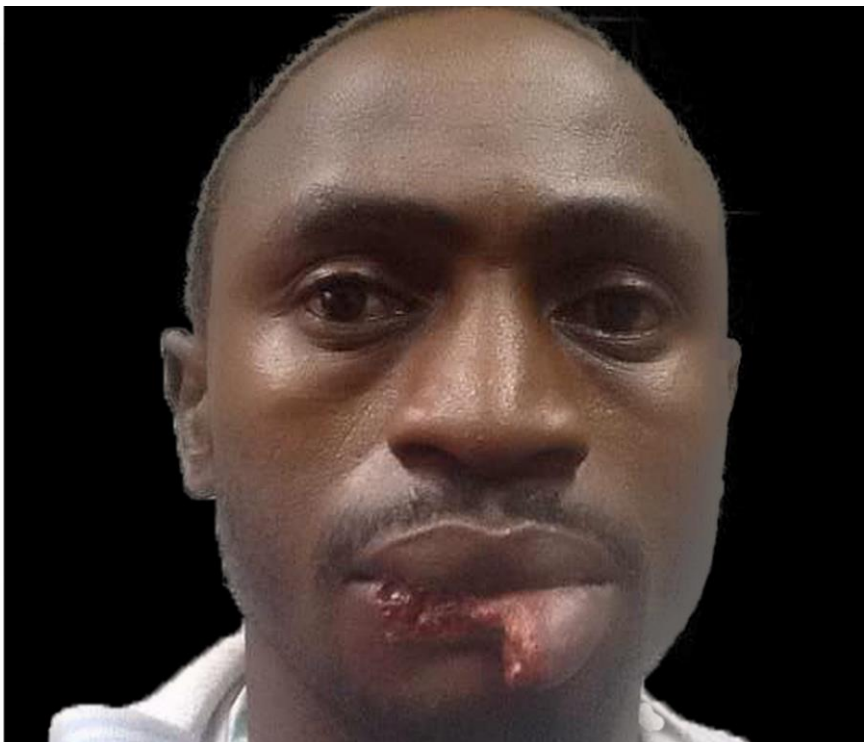
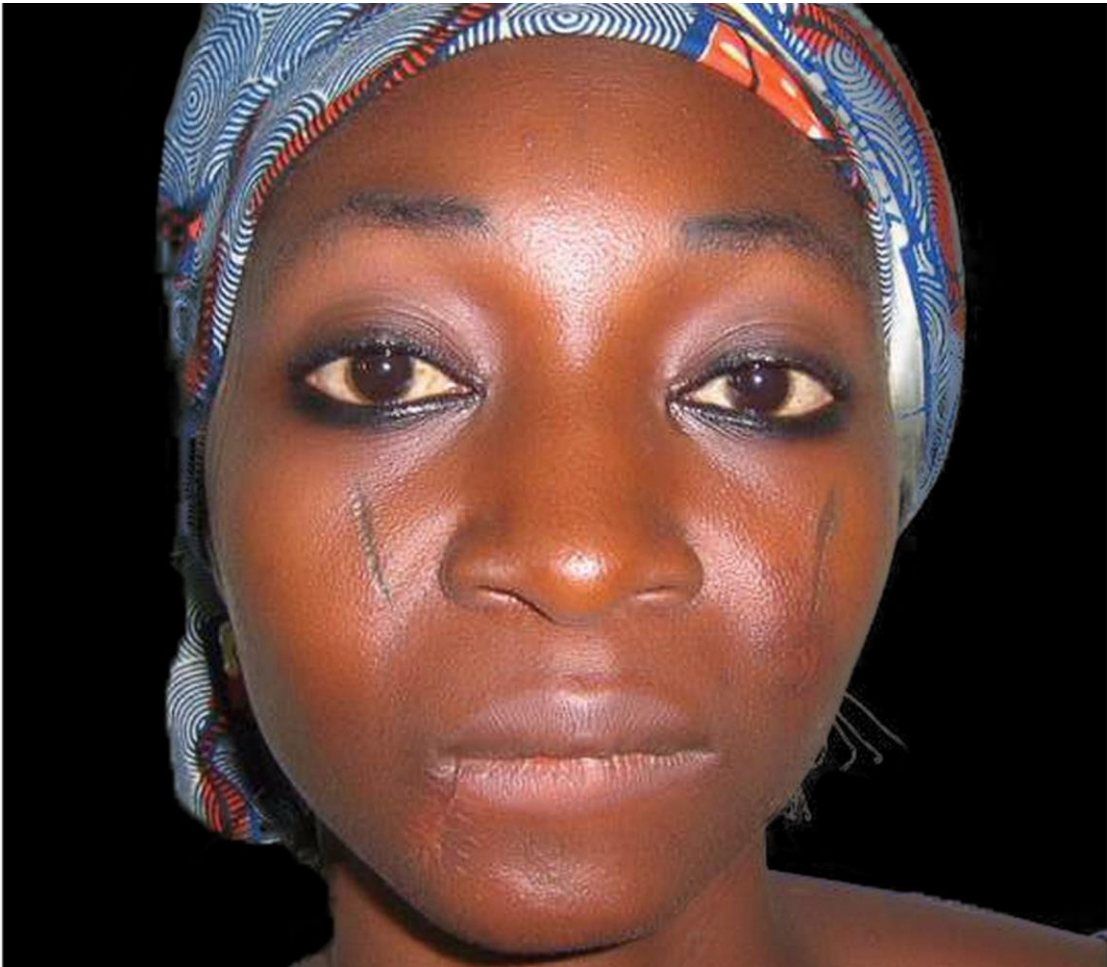
HUMAN BITES-OMO'TA (IPATA) AGGRESSOR

This study analysed avulsive 'human bites' on the face. These 'bites' I choose to call *Omo'ta or Ipata* aggressors because the attacks were from outside of the environment. Seventeen cases were seen over a fourteen year period. The objective of the study was to determine the specific part of the face or of the *Pearly Gateway and Supports* that were most frequently assaulted. It may interest us that amorous jealousy or love affairs were the causes of

altercation in 15 (88.2%) of the cases. The lip was the site of 'bite' in 12



(70.6%) of them. Victims of the assault were eight females and nine males but the assailants were nine females and eight males.





Individuals need to be conscious of the vulnerability of their lips in cases of assault with 'human bites' or *Omo'ta (Ipata)* aggression on the *Pearly Gateway and Support*.

**IDIOPATHIC CERVICOFACIAL ABSCESSSES IN CHILDREN-OMO'TA
(IPATA) AGGRESSOR**

Several reports on idiopathic cervicofacial abscess abound in the literature.



Idiopathic denotes that the causes are yet to be determined. Of recent, there are some reports on the mosquito repellent effect of the facial oil (sebum). The effect was found to be pronounced in adults but not in children. This fact made us to investigate the possible association, if any, between idiopathic cervicofacial abscesses and mosquito bites in children. Fourteen children presenting with cervicofacial abscesses were examined for mosquito bites, location of abscess and presence of malarial parasites in the blood. All 14 patients had

mosquito bites on their faces and malarial parasites in their blood. The sub-mandibular region, the undersurface of the jaws, where there is minimal sebum production even in adults, recorded 78.6% of the abscesses. There was no analysis nor typing of the microorganisms isolated from the abscesses. Our findings however confirm that mosquito bites are closely associated with idiopathic cervicofacial abscesses. The injection of *Omo'ta* or *Ipata* organisms resident on the skin into the body by the bites of the mosquitoes were probably responsible for initiation and formation of these abscesses on the *Pearly Gateway and Support* in children.

CLEFT PALATE-OMO ONILE ATROCITY REPAIR AND OLAITAN KNOT

Cleft Palate is a developmental anomaly that an individual is born with. It is caused by failure of *Omo Onile* developing cells moving to the appropriate position at the right time during pregnancy. The result is an unusual defect and disfigurement with continuity and direct communication of the mouth and nose. Regurgitation of food, speech hyper nasality, malalignment of teeth and abnormal occlusion are problems the patients encounter.



Properly planned surgery often yield excellent result. We observed that improper knotting results in loosened suture and failure of the surgical repairs.

Surgical knots, a two hand throw followed by a single reverse hand throw of suture or two-one knots, are universally employed in almost all surgical operations including the discipline of Oral and Maxillofacial Surgery. However, surgical repairs of cleft palate presents peculiar problems because of limited space for manoeuvre especially at the rear part of the roof of the mouth. The difficulty of tautness of the first two throws of surgical knots informed the idea of a three-two-one knot (Olaitan knot).

This idea was further investigated on 205 cleft palate patients in whom two failed attempts at the first two hand throw of surgical knot were converted to the three-two-one knot. Success was recorded with 187 cleft palate patients. In the eighteen that failed, four were of unknown cause while improperly mobilised flap was responsible for the others. We recommend the use of Olaitan knot, the three-two-one knot, in all cleft palate procedures as it guarantees the success of the surgical repair of the cleft palate. This greater probability of success will restore the *Pearly Gateway and Support* to normal functions. Food regurgitation is no more experienced. Speech becomes well co-ordinated, proper chewing ability and good swallowing capability returns.

OTHER STRATEGIES IN CONFRONTATION

The major goal of any confrontation is to render ineffective the activities of the aggressors. It is a common saying that 'All is fair in war'. In other words, every

arsenal could be mobilised to effect a confrontation. As a Maxillofacial Surgeon, I have employed the strategies of clinical management of diseases and clinical researches in the confrontation of the various intruders of the *Pearly Gateway and the Supports*. Apart from this approach, opportunities to be involved in the use of other strategies have presented themselves and were appropriately utilised.

TRAINING

My position, as a Professor of Oral and Maxillofacial surgery and Hospital Consultant technically placed on me the responsibilities of providing training for younger colleagues who will carry on the confrontation on intruders of the *Pearly Gateway and Supports*.

I have actively participated in the training of several undergraduates. These graduate to become the 'Foot Soldiers', the first line of professional to initiate attack on the intruders. They do not possess the capability for total onslaught. However, they have the ability to recognise the presence of the intruders and commence processes that will thoroughly categorise and adequately identify them. These are achieved through various tests and investigations in the hospitals. The 'Foot Soldier' concludes his or her duties by appropriate referral to the 'General', the Specialist Oral and Maxillofacial Surgeon.

Mr. Vice-Chancellor sir, there are about 120 Oral and Maxillofacial Surgeons in Nigeria. And with all sense of humility and modesty, I am bold to say that I have been involved in the training of over 30 of them either directly or indirectly. I have mentored, passed clinical skills, competence and research and investigative capabilities to a great number of them. I have examined and certified the competences of many of these 'General' on their capability in confrontation of intruders of the *Pearly Gateway and Supports*.

VOLUNTARY COMMUNITY MEDICAL SERVICES

My involvement in non remunerating services to the medical and dental disciplines provided other avenues for indirect confrontation of intruders of the *Pearly Gateway and Support*. I got elected as the President of my national professional association, the Nigerian Association of Oral and Maxillofacial Surgeons. Along with Executive Committee members and other colleagues, the association that was inaugurated eleven years earlier but went into hibernation was revitalised and reinvigorated and got stronger by day. My position in the national association qualified me to participate in the inauguration of the continental African Association of Oral and Maxillofacial Surgeons for which I was elected the first President to the glory of God. Following this I became a member of the Executive Committee of the global body, the International Association of Oral and Maxillofacial Surgeons (IAOMS). My membership of the the Executive Committee of the IAOMS opened the doors of opportunity for indirect confrontation of intruders of the *Pearly Gateway and Support*.

The indirect strategies employed were directed at solicitations. Solicitation for equipment saw a donation of a multi-million Naira Orthopantomograph and Cephalogram radiographic machine to one of our Teaching Hospital in Nigeria. The machine is useful in diagnostic radiographic training of both the 'Foot Soldier' and the 'General'. Their training and use of the machine provided opportunity to adequately identify and classify the intruder and employ appropriate confrontation. The outcome is assured beauty and maintained function for the *Pearly Gateway and Support*.

The other solicitation was for training of colleagues in an evolving modern surgical technique, the Microvascular Free Flap Surgery. The IAOMS spent thousands of dollars in training ten Nigerian Oral and Maxillofacial Surgeons and in bringing facilitators to Nigeria for over a two year period. The skills and competence acquired during the training are available for rehabilitation of post-surgical patients who otherwise would not have benefitted from such procedure. The rehabilitation restores beauty and function to the *Pearly Gateway and Support*.

The IAOMS annually sponsors fully paid one-year Fellowship training in Oncology and Microvascular Free Flaps Surgery. A Senior Lecturer in the Department of Oral and Maxillofacial Surgery of this University enjoyed this Fellowship grant. My membership of the Executive Committee of the IAOMS at that

period influenced the selection and confirmation of this colleague. My endorsement for consideration by IAOMS Executive Committee was an indirect strategy to assure well coordinated confrontation of intruders of the *Pearly Gateway*



and Support with sustenance of beauty and maintenance of functions.



While I feel comfortable to call this a voluntary service, colleagues and others have referred to it as ‘medical politics’. Whatever term is used, the end result was to guarantee the beauty and the functions of the *Pearly Gateway and Support*.

FURTHER OPPORTUNITIES FOR INDIRECT CONFRONTATION

The Governing Board of the National Postgraduate Medical College of Nigeria at her December 2015 meeting confirmed my election as the President of the College for a two-year tenure.

The President chairs the Governing Board, the Senate and other Committees of the Governing Board. The Chairman ensures that all machineries necessary for achievement of the mandate of producing highly skilled and competent 'Generals' - Specialists in Medicine and Dentistry are in place. The College trains, accredits and monitors all programs and disciplines of Medicine and Dentistry. Assessments and certification are the responsibilities of the College. As part of plans to attain the mandate of the College and take it further in development, the College under my leadership and approval of the Governing Board embarked on total computerisation of all College activities. Two of the three phased project is concluded. The third is about halfway through. The Computer Based Test (CBT), the first by any Postgraduate Medical College in sub-Saharan Africa has been deployed. While all disciplines will benefit from the introduced reforms, the Specialty of the *Pearly Gateway and Support* will be able to harness this innovation indirectly to confront intruders for undisturbed beauty and function of the *Pearly Gateway and Support*.

Conclusion

Mr. Vice-Chancellor sir, I have presented intruders, *Omo Onile*, *Omo Janduku* or *Area Boys* and *Omo'ta* or *Ipata* that may present as similitude or semblance of different disease patterns afflicting the Oral and Maxillofacial region, the *Pearly Gateway and Support*. These diseases include oral cancers, cysts and tumours of the jaws and face. Others are infective lesions, injuries and as-

saults, keloids of the face and cleft palate. Investigational studies and researches were used as tools to determine best confrontational stance. Studies on Ameloblastoma, keloid scars, idiopathic cervico-facial abscess in children, human bites and the Olaitan 3-2-1 knot were presented. Other non investigative strategies of confronting the intruders solicited and employed were shared. Mr. Vice-Chancellor sir, I want to stress the importance of early and regular visit to the Oral and Maxillofacial Surgeon as emphasised through the lecture. A timely 25 to 30 minutes to the Oral and Maxillofacial Clinic could save a life-long embarrassment of disfigurement, functional disability emotional and psychological instability.

A STITCH IN TIME SAVES NINE.

Acknowledgement

It is not of him that runneth nor of him that willeth, but it is of the Lord that showeth mercy. I thank God for His mercies and favour over my life and my household. And for these, all glory must be to the Lord. He is worthy of all praises and no man should give glory to himself but all glory must be to the Lord. He makes all things beautiful at His own time.

Again, my profound gratitude to the Vice-Chancellor for this opportunity and my sincere commendation for your purposeful, accountable, focussed and people oriented leadership.

I want to appreciate the immediate past Vice-Chancellor, Professor John Oladapo Obafunwa for his vision, the desire to have a world class Dental School in this University and for been instrumental to my coming to work in this great University, LASU.

My father, Magbagbeola Adedayo Olaitan, mother Morenike Omilewo and aunt, Sadat Tinuomi Adetayo, all of blessed memory, have imparted and impacted significantly on me. Through their sacrifices, 'home training' and informal teachings, the importance and essence of life was passed on to me. The rewards of uprightness, the fear of the Lord, the benefits of hard work and the virtues in honesty, justice and fairness were lessons deliberately fashioned and

intricately included in the syllabus of my upbringing to which my gratitude knows no bound.



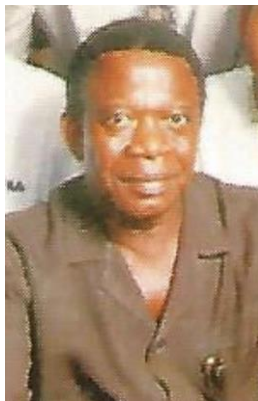
I am in-



debted to the management and staff of the University College Hospital (UCH), Ibadan, Ahmadu Bello University and her Teaching Hospital (ABU and ABUTH), Zaria and Kaduna, the National Hospital, Abuja and Lagos State University College of Medicine and her Teaching Hospital (LASUCOM and LASUTH). They provided the enabling environment that helped me garner the invaluable knowledge and experiences that carried me thus far and I say a big THANKS.

I acknowledge the immense contributions of all Provosts of LASUCOM in bringing the College to her current position that is envied by other Colleges of Medicine in Nigeria. My special appreciations to Prof Muyiwa Odusanya, Prof. Gbolahan Awosanya (GOG), the Chief Medical Director of LASUTH Prof Wale Oke, the DCST/CMAC, Dr. Adedokun and the Deputy CMAC, Dr Adekunle for making my integration to LASUCOM and LASUTH smooth and seamless.

My profound appreciations to my mentor, a great surgeon, an erudite scholar, a clinician par excellence and a teacher of teachers, Professor Emmanuel Oladepo Adekeye.



I am not unaware of the contributions of Professor H.A. Ajagbe, J.O. Daramola, Dr. Tokunbo Abiose (Uncle Toks), Dr D.O. Lawoyin and Prof. J.O. Lawoyin to my professional development, for which I express thanks.

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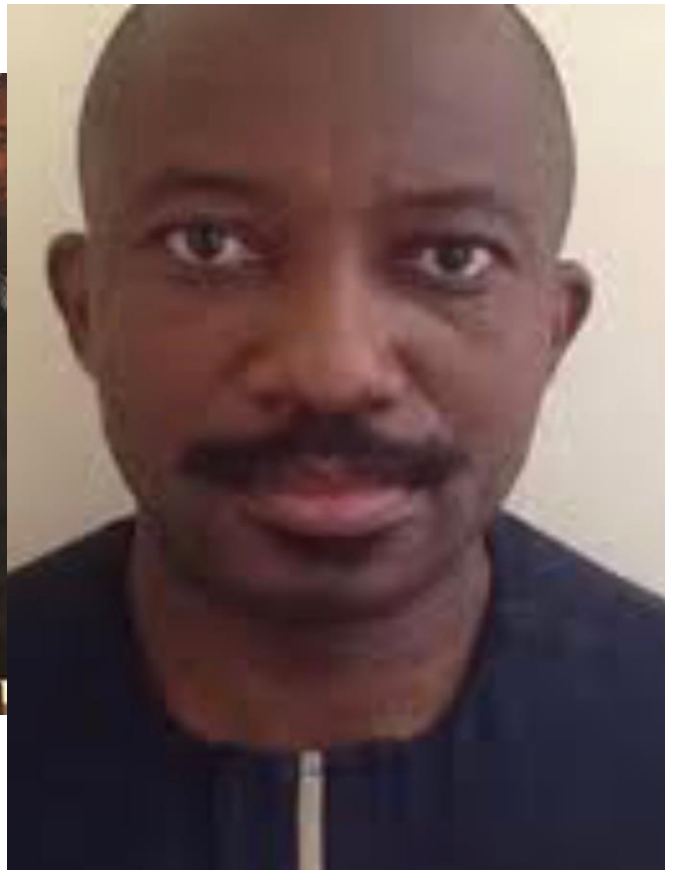
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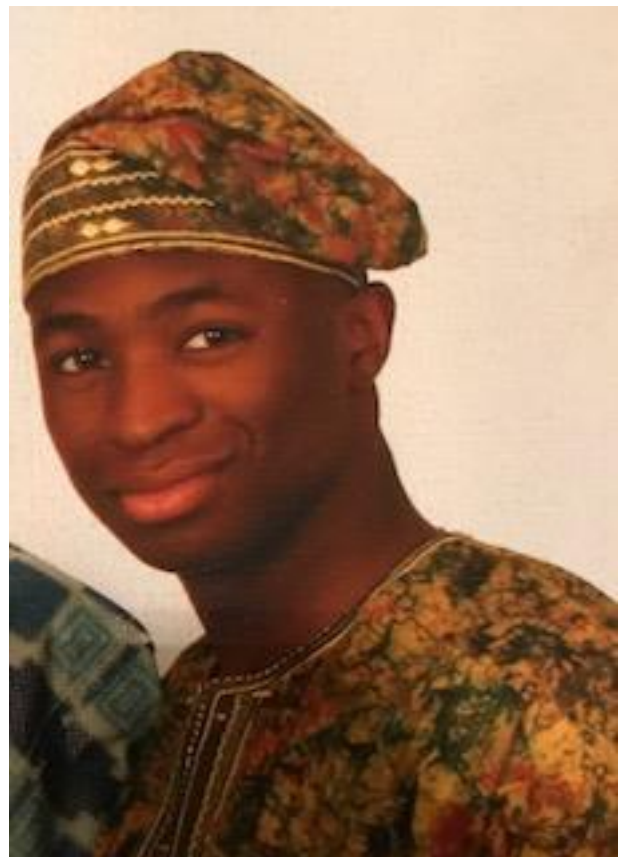
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