

Beyond The Operating Room: The Unsung Role of Oral Pathologists in Maxillofacial Surgery

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Hello and greetings to all my fellow oral pathologists. I'm Dr John, maxillofacial surgeon, wanted to share my insights into how big of a role a pathologist plays in my day to day practise.

As a surgeon, we often find ourselves in the spotlight—scrubbed in, instruments in hand, performing surgeries and trying to be heroic, sometimes quite dramatic too. But those of us who've been in this field long enough know that real decision-making often begins long before we put on our gloves and at the heart of that decision-making process, behind every incision, every excision, and every complex reconstruction, there's an essential, and often underappreciated, figure: **THE ORAL PATHOLOGIST**

Your work doesn't take place under the OT lights. It happens quietly, behind a microscope, often in silence—but the impact is loud and clear in the outcomes we achieve.



Every successful surgery begins with a proper diagnosis and meticulous treatment planning. And in cases of lesions, tumors, or unique presentation of pathologies, that diagnosis comes from you. Whether it's confirming a benign fibroma or diagnosing an aggressive malignancy, your interpretation of tissue dictates everything from the extent of surgery to the urgency of intervention.

Every lesion I excise has a story, but it's often your interpretation that tells me how the story began and how it might end. I can palpate, scan, and observe all I want, but without your microscopic perspective, I'm only seeing just one side of coin. There have been countless moments in my practice where your keen eye has changed the course of treatment. A clinically innocent lesion turns out to be dysplastic. A cystic lesion reveals a neoplastic nature. I still remember a case from a couple of years ago—a seemingly straightforward radiolucency in the posterior mandible. Clinically and radiographically, it looked like a dentigerous cyst. Routine enucleation, I thought. But your histopathology report revealed an early-stage unicystic ameloblastoma. That diagnosis completely shifted my approach—from a conservative curettage to a resection with long-term follow-up. That's just one example of many where your role literally changed the outcome. In each case, your insight prevents us from under or overtreatment and ensures that our surgical interventions are timely, justified and targeted.



It's easy to forget how much time and thought goes into each diagnosis. I've seen the back and forth discussions you have with colleagues over ambiguous slides, the time you spend reviewing stains and comparing pattern. That level of dedication gives us the confidence to move forward

Beyond Just diagnosis, you guys shape prognosis. Margins, differentiation, mitotic rates—these histological insights are not just academic; they determine follow-up protocols, adjuvant therapy, and sometimes even the necessity for re-intervention.

I'm a big believer that pathology and surgery shouldn't exist in solo. Whether it's through multidisciplinary OOO meets(Oral medicine, Oral pathology, Oral surgery) or informal chats about complex lesions, there's so much value in mutual feedback. I've learned a lot by simply listening to how you interpret cellular architecture and various patterns.

With the pace at which things are evolving—AI diagnostics, digital pathology, teleconsults—our fields are bound to become even more closer. Imagine a workflow where intraoperative frozen sections can be analyzed instantly by remote pathologists, or where 3D reconstructions can be overlaid with histological maps for surgical planning. This is not science fiction—it's where we're heading. If we lean into that collaboration, we'll be able to provide faster, more accurate, and more personalized care.

To all oral pathologists, this is just a thank you. For the late night reports, for double checking that odd biopsy, for the honest second opinions, the carefully documented reports, and the tireless hours behind the microscope and for catching things I have missed. Your work may be unseen by patients, but it is deeply felt by those of us who rely on it. Our surgeries may leave visible marks of healing, but your contributions are the unseen stitches that hold the outcome together. You may not be in the operating room, but your impact is in every patient we treat. Every margin we clear. Every pathology we catch early.

We often talk about the “surgical team,” but that team isn’t complete without pathology. From the moment a slide is examined to the moment the scalpel is lifted, we’re part of the same process. It’s a continuum. From slide to scalpel and beyond

You are very much part of the healing process and I hope you know how much we appreciate it.

Finally,
I think We often don't say this enough, truth to be told *We rely on You More Than We Admit*

Thankyou :)