

Epidural Tube: A Useful Device in Sialendoscopy Operations

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Salivary endoscopy, which was first described in 1991, is a safe technique with few complications. The sialendoscopy operation has been developed and successfully offered as a minimally invasive and gland-preserving approach for the treatment of chronic obstructive sialadenitis. For many surgeons, entering the duct lumen of the salivary gland is the most difficult and time-consuming step of the sialendoscopy operation. This report introduces a timesaving and straightforward method for entering the duct lumen using an epidural tube, which is a plastic tube with a blunt tip.

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Salivary endoscopy, which was first described in 1991,¹ is a safe technique with few complications.² The sialendoscopy operation has been developed and successfully offered as a minimally invasive and gland-preserving approach for the treatment of chronic obstructive sialadenitis. For many surgeons, entering the duct lumen of the salivary gland is the most difficult and time-consuming step of the sialendoscopy operation. This report introduces a time-saving and straightforward method for entering the duct lumen using an epidural tube, which is a plastic tube with a blunt tip.

Technical Note

All salivary endoscopy procedures were carried out in an operating room under general or local anesthesia.

The instruments used were as follows: a Marchal miniature straight-forward telescope, an examination sheath, an operating sheath (reference 11577; Karl Storz Co, Tuttlingen, Germany), a conical dilator (reference 745900; Karl Storz Co), and an epidural tube (AS-E, Foshan Special Medical Co, Foshan, China; Fig 1). After identification of the orifice of the duct by pressing the salivary gland, the epidural tube was introduced into the duct lumen to a depth of approximately 3 cm and was used for primary dilation (Figs 2, 3). Then, the epidural tube was removed, and the conic dilator was used to dilate the papilla to make the orifice sufficiently large to allow the examination and operating sheaths to be inserted (Figs 4, 5). After dilation, the epidural tube was reintroduced and used as a guidewire. Then, the distal end of the epidural tube was inserted into the

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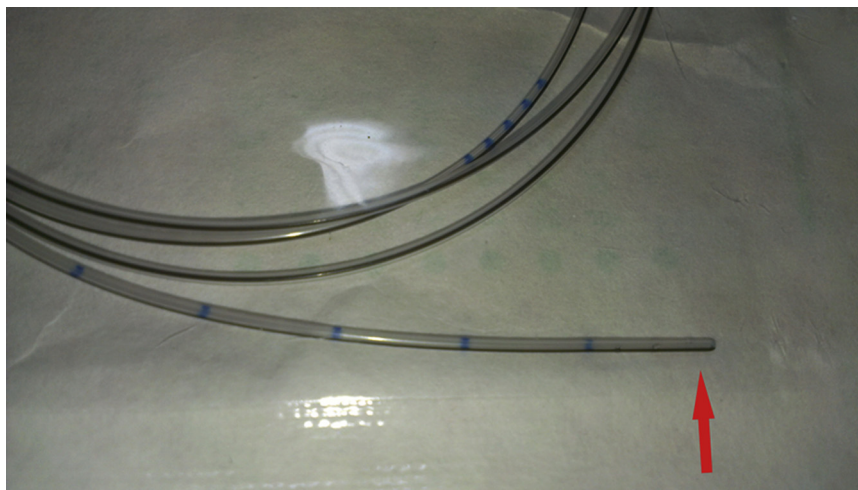


FIGURE 1. An epidural tube with a blunt tip [arrow].

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examination sheath (Figs 6, 7). Next, the examination sheath was guided into the duct lumen using the epidural tube. Then, the epidural tube was removed, and sialendoscopy was conducted. During sialendoscopy, the epidural tube could be used to remove obstacles, such as fibrous debris, mucoid debris, and purulent debris, by passing it through the working channel of the operating sheath. When facing a branching duct, the epidural tube could be used as a guidewire to lead the scope into the branching duct (Video 1). At the end of the operation, the epidural tube also could be placed in the duct

lumen as a stent and left in place for approximately 2 weeks to prevent stenosis of the duct (Figs 8, 9).

Discussion

This technique has been used in 35 patients (19 men and 16 women, mean age, 43.2 yr) for Wharton duct sialendoscopy (26 patients) and Stensen duct sialendoscopy (9 patients). Using this technique, the mean operating time was decreased by approximately



FIGURE 2. The epidural tube was introduced into the orifice of the Wharton duct.

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FIGURE 3. The epidural tube was introduced into the orifice of the Stensen duct.

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