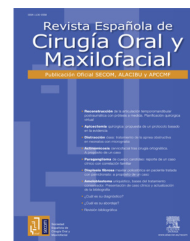
Revista Española de
Cirugía Oral y
Maxilofacial

www.elsevier.es/recom



Original article

# Recurrent intraoral access to the submandibular gland. An uncommon aesthetic approach☆

*Ignacio Arribas-García*, Guillermo Gómez-Oliveira, Fátima Martínez Pérez, Adriana Serrano-Álvarez, Rocío Sánchez Burgos, Modesto Álvarez-Florez*

*Servicio Cirugía Oral y Maxilofacial, Hospital Universitario de Canarias, Tenerife, Spain*

ARTICLE INFO

*Article history:*
Received 9 May 2013
Accepted 6 August 2013
Available online 7 May 2015

*Keywords:*
Sub-maxillary or sub-mandibular gland
Intraoral
Transoral
Sub-maxillectomy
Facial aesthetics
Surgical approach

ABSTRACT

Recurrent sub-maxillary gland disorders are relatively common. They are mainly caused by obstructive gland diseases. Other aetiologies are malignancies, autoimmune, or degenerative diseases. The traditional treatment of the submandibular gland is the surgical excision by a cervical approach. The advantages of this approach are: its simplicity, direct surgical vision, and speed of the procedure. The most important disadvantages are: unsightly cervical scar, and injury risk of the marginal branch of the facial nerve.

This paper presents and discusses the intraoral approach to the submandibular gland. The advantages over the conventional approach are: the elimination of the scar and the risk of injury to the marginal branch. The main disadvantages are: the technical difficulty, reduced vision, the longer surgical time, and the possibility of lingual nerve injury.

A total of 6 patients, 4 women and 2 men aged 25–60 years, underwent a sub-maxillectomy by intraoral approach in the Hospital Universitario de Canarias (Tenerife, Spain). In all cases, the aesthetic and functional results were very satisfactory, with only mild self-limited lingual nerve dysesthesia being observed at two months.

We present an alternative to the cervical approach for the submandibular glands; the intraoral approach. The major advantage of this technique is to eliminate the cervical scar.
© 2013 SECOM. Published by Elsevier España, S.L.U. All rights reserved.

☆ Please cite this article as: Arribas-García I, Gómez-Oliveira G, Martínez Pérez F, Serrano-Álvarez A, Sánchez Burgos R, Álvarez-Florez M. Abordaje intraoral de la glándula submaxilar. Presentación de un abordaje estético poco utilizado. Rev Esp Cir Oral Maxilofac. 2015;37:1–6.

* *Corresponding author.*
E-mail address: drarribas@yahoo.es (I. Arribas-García).

2386-401X/© 2013 SECOM. Published by Elsevier España, S.L.U. All rights reserved.

## Abordaje intraoral de la glándula submaxilar. Presentación de un abordaje estético poco utilizado

*Palabras clave:*
Glándula submaxilar o submandibular
Intraoral
Transoral
Submaxilectomía
Estética facial
Abordaje quirúrgico

RESUMEN

Las alteraciones recurrentes de las glándulas submaxilares son unos trastornos relativamente frecuentes que se deben, generalmente, a una enfermedad obstructiva de la glándula, entre otras menos frecuentes, como la presencia de neoplasias, enfermedades autoinmunes o degenerativas. El tratamiento quirúrgico habitual consiste en la exéresis de la glándula submaxilar a través de un abordaje cervical. Las ventajas de este abordaje cervical son su sencillez, la visión directa del campo quirúrgico y la rapidez del procedimiento. Las desventajas más relevantes son la cicatriz cervical y la posibilidad de lesión de la rama marginal del nervio facial.

Se presenta y discute el abordaje intraoral como acceso a la glándula submaxilar. Su ventaja respecto al abordaje convencional es la eliminación de la cicatriz cervical y el riesgo de lesión de la rama marginal. Sus desventajas fundamentales son la dificultad técnica, la visión reducida, el mayor tiempo quirúrgico empleado y la posibilidad de lesión del nervio lingual.

En el Hospital Universitario de Canarias (Tenerife, España), a un total de 6 pacientes, 4 mujeres y 2 varones entre 25 y 60 años, se les realizó una submaxilectomía por abordaje intraoral. En todos los casos los resultados estéticos y funcionales fueron muy satisfactorios, tan solo leves disestesias del nervio lingual autolimitadas en 2 meses.

Se presenta una alternativa por vía intraoral al abordaje cervical para la realización de submaxilectomía, con la ventaja principal de eliminar la cicatriz cervical.

© 2013 SECOM. Publicado por Elsevier España, S.L.U. Todos los derechos reservados.

## Introduction

There are multiple processes and diseases that cause chronic symptoms in the submaxillary glands resulting in gland excision. The most common conditions for which gland removal is indicated include sialolithiasis, chronic sialadenitis, and benign and/or malignant tumour processes. The traditional technique to perform a submaxillectomy is via a cervical approach using a small submaxillary cervical skin incision, above the gland location, and 2–3 cm away from the mandibular angle/body. The main advantages of this type of approach are: shortness, simplicity, and a large operative field. It provides a good view of the adjacent cervical structures and few complications of interest. Among them, we should mention potential damage to the marginal branch of cranial nerve VII, ranging from 1% to 7.7%[1] based on the medical literature, or damage to the lingual or hypoglossal nerves, with an incidence ranging from 1.4% to 2.9%[1,2]. The only disadvantage of this approach is the scar produced in the patient's neck, particularly in the case of young patients.

The surgical alternatives we find in the medical literature to avoid this kind of approach and the neck scar are the facelift or rhytidectomy approach, the endoscopic and/or robotic approach, and the intraoral approach.

We present our experience with the intraoral/transoral approach for submaxillectomies, and their advantages and disadvantages.

## Surgical technique

Following patient nasotracheal intubation and placement of a mouth-opener on the contralateral side, lidocaine with epinephrine with a concentration of 1:100,000 are injected into the floor/lateral base of the tongue. An approximately 4–5 cm long incision is made along the lateral floor of the mouth, from the drainage orifice of the Wharton's duct up to the retromolar region (Fig. 1a). At first, the incision is superficial to avoid damaging the lingual nerve. When dissecting the anterior region of the mouth floor, the sublingual gland is found, and rejected to the medial side. The Wharton's duct and the lingual nerve are identified. The dissection is guided by the course of the Wharton's duct until reaching the submaxillary gland (Fig. 1b). Once the cranial pole of the gland has been identified, the gland is dissected along its entire perimeter. In this dissection phase, manual pressure by the assistant is required from the cervical area, in the submaxillary region, in a direction that allows him to lift the submaxillary gland to the mouth floor. In order to see the operative field clearly, the muscles of the mouth floor are separated, especially the mylohyoid muscle, and Allis tissue forceps are used for gland traction. The gland dissection over its entire perimeter is completed with haemostasis and ligation, if applicable, of the vascular structures. This dissection is performed surrounding the fascia encompassing the gland, thus minimising the risk of damaging the hypoglossal nerve and the marginal branch of the facial nerve.

Download English Version:

https://daneshyari.com/en/article/3172998

Download Persian Version:

https://daneshyari.com/article/3172998

Daneshyari.com