Transoral Excision of the Submandibular Gland

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INTRODUCTION

Transoral submandibular gland excision is not a new concept; in fact several surgeons utilized this approach in the 60’s. This however rapidly fell out of favor due to the relative difficulty posed by excising the chronically inflamed gland via the oral cavity, especially in the setting of a dentate patient. Sadly, this is the most common etiology requiring surgical management. The chronically inflamed gland makes it difficult to extricate it from its adherent surroundings and, the dentition limited the surgical access.

With improved surgical techniques, lighting and equipment (such as harmonic technology) coupled with a growing public demand for esthetically pleasing surgical access, the accepted trans-cervical route has now been replaced a trans-oral route treatment centers, especially in the setting inflammatory etiologies and benign neoplasms.

PATIENTS AND METHODS

Eighteen patients underwent surgical excision of the submandibular gland over a period of 3.2 years, with the ages ranging from 11-77 years. 12 patients had chronic sialoadenitis, 2 patients had pleomorphic adenoma, 3 patients had a ranula and 1 patient had a granular cell tumor. Retrospective chart review of these patients were performed.

RESULTS

100% of patients avoided a neck scar, corresponding to zero conversions; length of operative procedures average 95 minutes, ranging from 45-190 minutes; 1 transient tongue paresthesias (resolved in 3wks), 79% of patients had limitation in tongue movements (up to the 3rd post-operative day), 0 hypoglossal nerve dysfunction, 0 facial nerve dysfunction; hospital stay averaged 36 hours, 2 patients stayed 48 and 62 hours due to elevated blood sugar and uncontrolled hypertension respectively, 5 patients discharged on the same day.

CONCLUSION

The trans-oral (TO) approach is a safe and effective method of submandibular excision. The key advantages of this approach is avoidance of an external scar with lower rates of injury to the lingual, submandibular and facial nerves when compared to trans-cervical approach. TO approach is however contraindicated in cases of malignancy, extensive scarring from prior abscessed gland and surgeon lack of familiarity with the procedure.

BIBLIOGRAPHY


