

Pull-Through Sialodochoplasty for Stensen's Megaduct

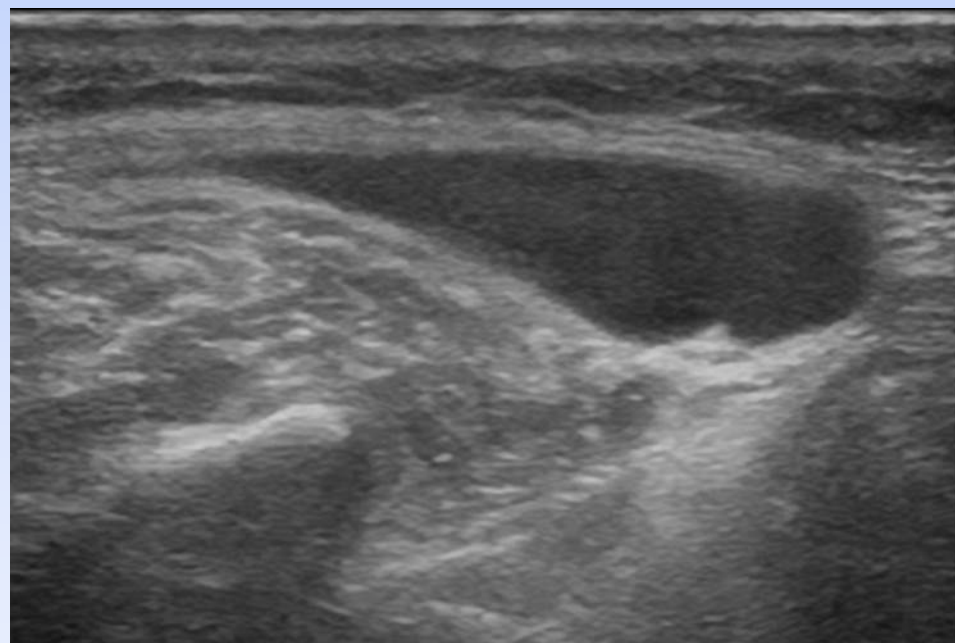
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Introduction

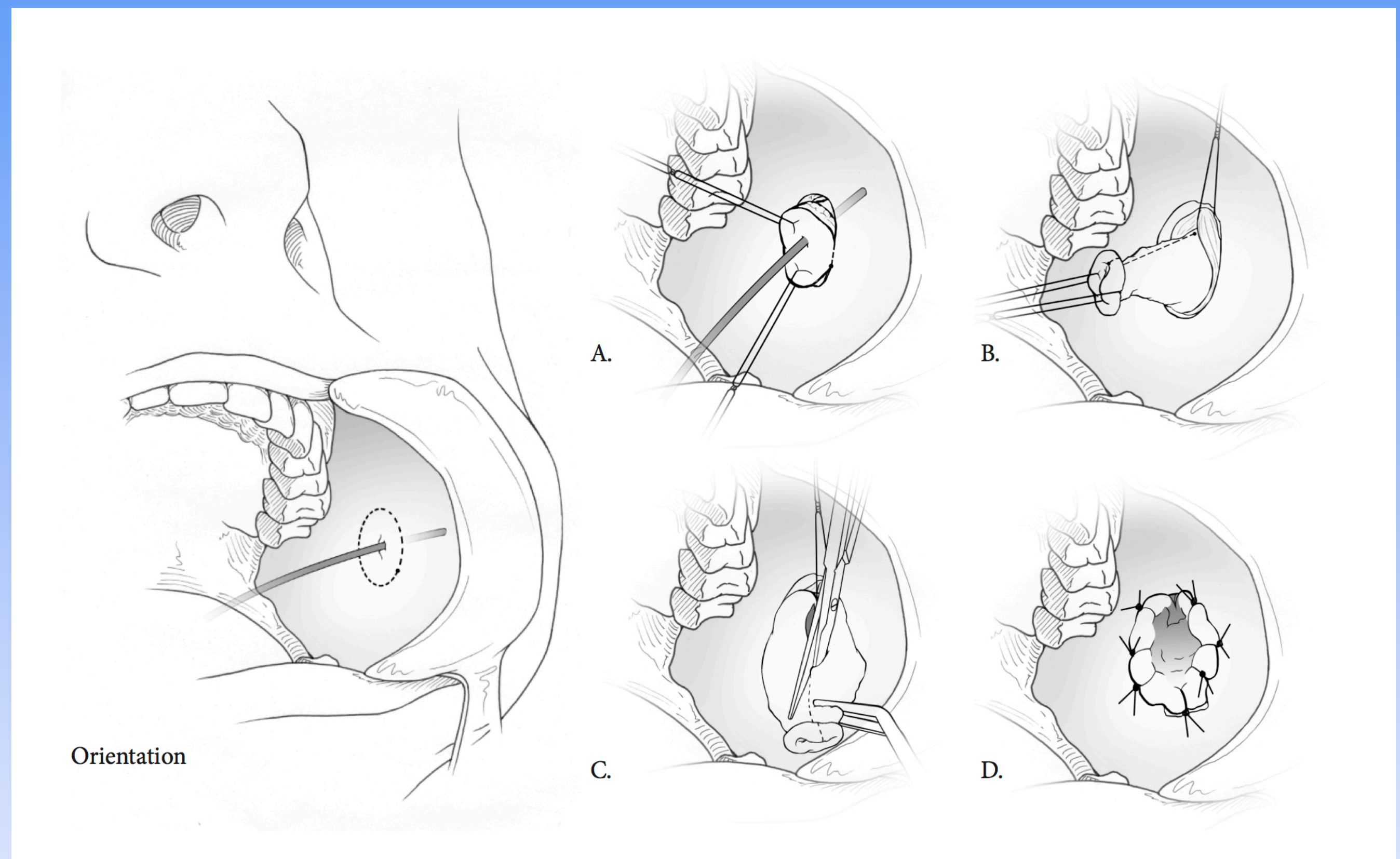
Stenosis of Stensen's duct is estimated to account for 15 – 25% of obstructive salivary disease. The presence of fibrous intraductal circular or web-like inclusions and moderate luminal narrowing have a higher tendency to form megaducts due to a reservoir effect. Megaducts are defined as a Stensen's ducts with diameters exceeding 10mm, often with thin walls that contribute to the gland's weak excretory force. In addition to the obstructive symptoms, megaducts pose a cosmetic problem as they frequently appear as a bulge on the patient's cheek. Besides interventional sialendoscopy, no other effective and gland-preserving treatment has been described in the literature. The purpose of this report is to describe a novel approach to patients with symptomatic Stensen's ductal stenosis with concurrent megaducts.



METHODS

The present study is a cross-sectional survey of patients who underwent a combined open-endoscopic approach (pull-through sialodochoplasty) for the treatment of Stensen's duct obstruction with associated megaduct. Patients included were at least 3 months removed from surgery, and were called with a follow-up questionnaire regarding continued swelling, pain, need for further treatments, and need for re-operations.

SURGICAL TECHNIQUE



RESULTS

Five subjects underwent pull-through sialodochoplasty. The mean age was 64 years, and four (80%) were female. Three (60%) of patients had previously undergone unsuccessful interventional sialendoscopy with dilation, and one patient (20%) undergone sialodochoplasty with limited improvement.

On follow-up, one patient (20%) had no continued difficulties with the treated salivary gland. Four patients (80%) had recurrent minimal swelling and greatly improved from pre-operative swelling. One patient (20%) had persistent pain that occurred occasionally with meals, and described it as a 1-2 on a 10 point scale. No patients required additional surgery or medication.

DISCUSSION

With the novel approach of pull-through sialodochoplasty, the megaduct itself is incised and flayed open, and sutured to the buccal mucosa in order to create a neo-ostium. This process removes the concern for the thin, weak walls by using the dilation to construct a new ostium thereby shortening the length of Stensen's duct. This procedure has been performed on 5 patients who all endorse reduced symptoms and improvement in their quality of life. Furthermore, all of the patients state that not only would they undergo the surgery again, but they would also recommend the procedure to anyone experiencing similar symptoms.

REFERENCES

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