

Transmandibular approach on 119 oral cavity and pharyngeal cancer patients

Dear Editor,

Malignant tumors of the oral cavity and the oro- and hypopharynx represent one of the most difficult conditions in head and neck surgery due to the severe implications on the quality of patients' life, the poor prognosis of locally advanced disease and of the functional consequences of surgery of the upper aerodigestive tract. Late-stage tumors benefit from the transmandibular approach for curative surgery, a well-known technique that has to be used in selected cases¹. We report a case series of 119 patients with T4 tumors of the oral cavity and hypopharynx over a period of three years from 2011 to 2013 that were treated with the transmandibular approach in our department. In order to establish the indications for the proper surgical procedure, all patients were assessed by clinical examination and imaging modalities that included plain X-rays of the head and neck region, computed tomography and magnetic resonance imaging scans. A dental evaluation was performed in order to evaluate the need for dental extractions.

Malignant tumors included in our study affected the palatine tonsil in 37 (31.09%), tongue in 29 (24.36%) and tongue and oral cavity floor in 26 (21.84%) cases. Our most commonly performed mandibulotomy was the medial (63 cases; 52.94%) because of the better surgical access that provides to the tumor site and of the lower complication rate. The "commando" surgical intervention - glosopelvectomy with partial mandibulectomy has also been performed (5 cases; 12.5%). Mandibulotomy related complications are in direct relation to the site, type of fixation (using two plates has a higher complication rate), type of osteotomies and material used for osteosynthesis.

The lip-splitting mandibulotomy technique provides a safe and efficient means of approaching difficult to access anatomy of the upper aerodigestive tract^{2,3}. After having undergone curative surgery as their primary oncological treatment, all 119 patients underwent radiotherapy. The total complication rate of the cohort was 18.8%. Fistulas presented in 29 patients (24.36%), wound infections in two patients (17.64%), necrosis of the cervical soft tissues in 11 patients (9.24%), mediastinitis in seven patients (5.88%) and acid reflux was present in 44 cases (36.97%). Complications encountered in this type of surgery are probably due to the extent of the tumor process and the impaired nutritional status of the patients.

Transmandibular approach for cancer of the oral cavity and pharyngeal malignant tumors is a safe surgical procedure and an accessible and easy to perform technique that needs to be included in the training of surgeons in centers of excellence for head and neck oncologic surgery.

References

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Conflict of interest

None.

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