MODIFIED LABIOMANDIBULOGLOSSOTOMY APPROACH FOR SOLID TUMOR OF THE FLOOR OF THE MOUTH: A CASE REPORT .

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INTRODUCTION

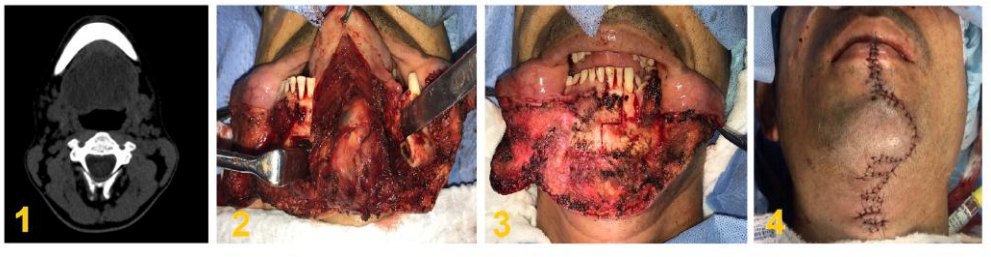
The labiomandibuloglossotomy is an excellent option to access benign and malignant tumors present in the oral cavity and deep neck spaces. [1-3] This approach divides the oral cavity and the floor of the mouth into two parts, accompanied with the division of the lower lip, performing a paramedian osteotomy, which preserves the integrity of the mental nerve. [4,5] The use of the aesthetic subunits of the face as an anatomical guide to make surgical incisions is an advantage that allows the scars to be hidden easier, restoring functional structural support of the soft tissues and achieving a better aesthetic appearance. [6,7]

OBJECTIVE

Describe a modified labiomandibuloglossotomy technique as a surgical approach for a solid tumor on the floor of the mouth

CASE REPORT

36-year-old: Male patient
8 months of evolution
Without previous treatment



1 CT scan (axial view) showed a hypodense, multilobed, partially delimited image affecting the muscular planes at the level of the oral cavity and the base of the tongue. 2 Staggered paramedian osteotomy. 3 Wide tumor exposure due to mandibular separation and partial glossotomy. 4 Modification of the closure using a Z-plasty in the vermilion of the lower lip.

A geometrical skin incision was made, at the mentolabial groove, until reaching the lower edge of the jaw in the submental fold, extending to the anterior cervical region in a zigzag pattern. Dissection was made by planes, reaching the reflection of the mucosa of the gingivolabial sulcus. An incision was made at the level of the midline of the mandibular gingiva for the elevation of the mucoperiosteal flap at a distance of 2 to 3 cm from the midline, avoiding injury to the mental nerve. A paramedian osteotomy is made at the level of the lateral incisor and canine in a staggered manner, culminating on the mental symphysis and muscle dissection to reach the mucosa on the floor of the mouthThe mandible was separated into two parts laterally, and a partial glossotomy was performed in the middle raphe of the tongue, giving a broader exposure.

Extracapsular dissection of the tumor lesion was completed and intraoral closure by planes was performed. Internal fixation of the osteotomy was carried out with osteosynthesis material, extraoral closure by planes was made and a modified closure on the lip vermilion with a Z-plasty was performed in order to avoid retraction .

CONCLUSION

In our experience, using the modification of this technique, a wide exposure of the surgical field is achieved, providing a primary adequate access in order to perform the procedure safely, allowing the surgeon the best opportunity for total tumor resection without fracturing the specimen, and at the same time, preserving normal neurovascular function. When making a surgical incision, the aesthetic units and subunits on the face are anatomical visual limits which provide an advantage, since they help make incisions appropriate for resections of tumors on the floor of the mouth and thus, they are essential for obtaining functional and aesthetic objectives

THE AUTHORS DECLARE THAT THEY HAVE NO CONFLICTS OF INTEREST

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