

MODIFICATION OF BLAIR APPROACH WITH A MODIFIED ENDAURAL COMPONENT TO ACCESS THE PAROTID REGION

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Introduction:

For parotid surgical procedures an appropriate knowledge of the anatomic area, constitutes an important factor in determining which approach better suits the surgical requirements in cases of trauma, pathology, or cosmetic surgery. Some of the aforementioned surgical requirements are to provide safe and wide surgical fields, to avoid postoperative complications, and to minimize tissue trauma and necrosis, achieving the best esthetic outcomes. The parotid gland surgery presents special challenges to the surgeon; This is, in part, because most of the glandular tumors are benign in nature and patients expect complete postoperative function of the facial nerve with an invisible scar (1). The modified endaural approach, has never been considered for parotid surgery. This method, initially proposed by Ruiz and Guerrero (2), when applied to the parotid area provides superior esthetic results.

Objective:

The aim of this study was to present the experience with a modification of the Blair approach to the parotid area, by means of a modified endaural component, which provides both excellent exposure and optimal functional and esthetic results, mainly over the preauricular area.

Patients and methods:

Retrospective case series study of 12 patients.

Mean of 38 years of age.

The patients were operated between 2008 and 2013 at Clinica El Bosque in Bogota, Colombia.

Results:

Results: In all 12 procedures, the surgical exposure was extensive, safe, and the approach permitted the complete removal of the pathology. All patients showed outstanding cosmetic results

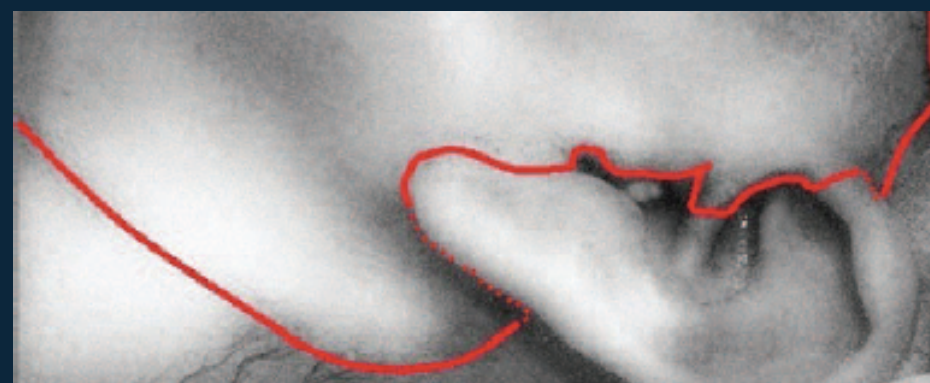


Figure 1: Desing of the incision (line), used to gain access to the parotid region using the modified endaural component.



Figure 2: Photograph of the incision. Note that anterior digital pressure is used to reach adequate traction during the incision made.

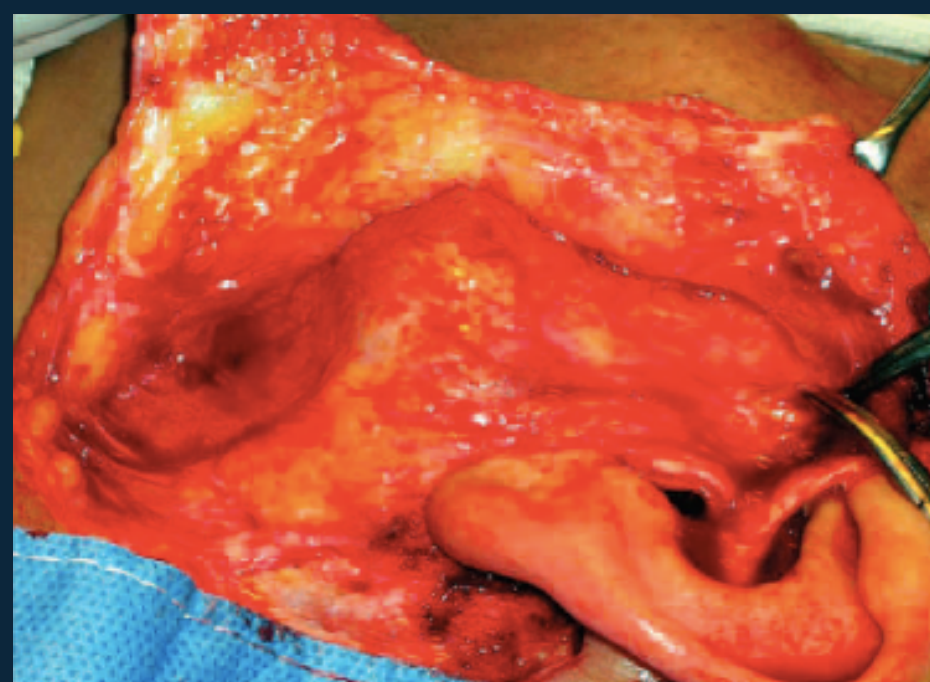


Figure 3: Image showing cutaneous flap elevation that allows a wide surgical field.

Figure 4: Postoperative close up of the preauricular area showing the "hidden scar" produced by the endaural component.



Figure 4.A: After 1 week.



Figure 4.B: After 2 weeks.

Conclusions:

The authors consider that this modified approach can be safely applied in plastic and reconstructive surgery, superficial lobe, or total parotidectomy resections; pharynx extended, and even cranial base tumor resections.