SHIRA'S TECHNIQUE, AN ALTERNATIVE FOR THE **ENUCLEATION OF CERVICOFACIAL CYSTS**

Solano Nicolas 1,2, Castrillo Ariamay 2, Parra Enmanuel 2, Atencio María 2, Dueñes Greyner 2,

1. Oral and Maxillofacial Surgery Unit, Hospital Coromoto. Venezuela. 2. Oral Surgery Postgraduate Residency Training Program, La Universidad del Zulia, Venezuela.

INTRODUCTION

Cysts are defined as a pocket of connective epithelial tissue, lined internally by epithelium and covered on its outer surface by connective tissue, enclosing liquid or semi-fluid content. The origin of these lesions in the head and neck can be congenital, inflammatory and neoplastic [1,2]. Rarely, they spontaneously involute and often increase rapidly and may be associated with secondary infection or trauma; becoming symptomatic, acquiring large size and even externalized [3,4]. There are alternatives for the treatment of these lesions that include surgical removal going from decompression, marsupialization, laser excision, intralesional injection and enucleation.

OBJECTIVE

The aim of this study is to describe the enucleation of cervicofacial cysts using the Shira's Technique.

CASE REPORT

- 3 patients

-The Oral and Maxillofacial Surgery Unit of the University Hospital of Maracaibo, Venezuela,

- From January 2014 to September 2016, with differential diagnosis of cervicofacial cysts.

Complementary studies such as:

Echo Doppler Neck ultrasound and CT scans

TECHNICAL NOTE

The enucleation of the lesion was performed resecting it in its entirety and in a single piece by blunt dissection, without damaging adjacent structures, performing he mostasis and primary closure by planes.



Figure 1: Aspiration of the cyst content.



Figure 2: The alginate instillation technique.



Figure 3: Enucleation of the cystic lesion.

DISCUSSION



Figure 4: The sample obtained in a single piece.

The specimen obtained in one single piece and aspirated liquids were sent to histopathological and cytopathological study respectively

This method can be used for the dissection of any cystic lesion with a collapsible lining. This technique is performed before excising the cystic lesion, in which the impression material of very low viscosity is allowed to set after being slowly injected into the lesion, therefore acting as a reliable guide to demarcate the exact boundaries of the same, decreasing intraoperative surgical time

CONCLUSION

Shira's technique allows to clearly demarcate the limits of the cystic lesion, which is of utmost importance to achieve its complete extirpation, simplifying the recognition of the cystic capsule from the surrounding tissues and making dissection easier, thus, avoiding damage to adjacent structures and reducing the risk of recurrences of this type of pathologies as well as decreasing intraoperative time and inherent intraoperative complications, so this procedure should be considered a cost-effective approach.

REFERENCES

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