

MINIMALLY INVASIVE APPROACH FOR DRAINAGE OF DEEP CERVICOFACIAL INFECTIONS

RETROSPECTIVE STUDY

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INTRODUCTION

Most cervical infections are originate from residual tooth roots. For the oral and maxillofacial surgeon it is very important to know the medical-surgical management of this disease that involve the deep spaces of the neck and also, decide which antimicrobial therapy require to use, the management of the nutritional support of the fluids, know when to operate and, not least, how to secure the airway.

OBJECTIVE

To describe the effectiveness of minimally invasive incisions for draining of deep cervical infections.

MATERIAL AND METHODS

- Descriptive, retrospective and longitudinal study
- Patients with deep cervical infections, who required hospital admission.
- Surgical treatment: multiple minimally invasive incisions.

DATA

- Epidemiology
- Etiology
- Dental organs and Cervicofacial Space Involved,
- Size Of Abscesses
- Hospitalization Time
- Evolution time before drainage
- Anesthetic technique
- Intubation method
- Surgical method
- Complications.

SURGICAL TECHNIQUE



(1) Under local anesthesia or general anesthesia, two or more minimally invasive cervical incisions were made, approximately 2 cm of extension, following the Topazian and Goldberg criteria, affecting healthy skin, in a natural skin fold and in areas of greater decline (2) Subsequently, a blunt dissection was performed until the involved space (s) was entered, to then interconnect the incisions. (3) Once the drainage process was completed, passive drains (fenestrated polyethylene tubes) were placed that allowed, in turn, to be able to wash twice a day with 0.9% physiological solution, which were removed when the spending decreased significantly.

RESULTS

- 88 patients: Average age of 39 ± 14.05 years old.
- Higher prevalence of the female gender.
- The main etiological factor were residual tooth roots.
- The most affected space was the submandibular space, in a 39.2%. The evolution time before drainage varied between 1 and 8 days. Average size of abscesses was 6.47 ± 2.34 , 4.03 ± 1.64 , 3.71 ± 1.59 cm.
- 88.6% of patients were operated under local anesthesia and 11.8% under general anesthesia.
- The average of the amount of material obtained was 104.41 ± 9 cc. Average time of hospitalization was 9.43 ± 3.89 days.
- There were no local or systemic complications.

CONCLUSION

Minimally invasive incisions are an effective, safe alternative and with low morbidities for the drainage of deep cervical infections.

THE AUTHORS DECLARE THAT THEY HAVE NO CONFLICTS OF INTEREST