



Systemic approach to reduce mandible complication in oral cancer surgery

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Abstract:

The incidence of oral cancer has increased remarkably for these recent years. The cornerstone of treatment for oral cancer is wide resection of primary tumor, adequate neck dissection with or without adjuvant therapy. When performing radical resection of tumor, lip-splitting procedure, mandibulotomy or mandibulectomy (segmental or marginal) are commonly used. Literature showed a 10-39% risk of mandible complications in oral cancer surgery. The rate was even higher for those treated with adjuvant radiotherapy. Some strategies, like paramedian mandibulotomy, bi-cortical fixation of mandible, and avoiding to perform mandibulotomy and marginal mandibulectomy at the same time were suggested. Mandible complications, like non-union, or osteoradionecrosis will lead to delay of adjuvant therapy, poor quality of life and further medical expenditure and hospitalization. In order to reduce the mandible complications, we reviewed the literature and designed a comprehensive protocol since 2015 in our department. Patients with segmental mandibulectomy were excluded. The protocol consisted of: (1) For advanced T3-4 tongue cancer, floor of mouth cancer, or lower gum cancer, visor flap with or without pull-through technique was applied; (2) For buccal cancer with tumor invasion within 1 cm of mouth angle, angle split approach was applied; (3) Bone

Biography:

Ching-Chih Lee, an associate professor, is presently working as a head and neck surgeon and ENT specialist in Kaohsiung Veterans General Hospital, Taiwan. His spe-



cialties include head and neck surgery, endoscopic surgery and skull base surgery and TORS. He is inserted in the epidemiology of head and neck cancer, administrative data analysis, and molecular biology research.

Recent Publications:

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3. Kuo TJ, Leung CM, Chang HS, et al. Jaw osteoradionecrosis and dental extraction after head and neck radiotherapy: A nationwide population-based retrospective study in Taiwan. *Oral Oncol.* 2016;56:71-77.

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