

A NEW SURGICAL APPROACH TO REDUCE ANCHYLOGLOSSIA AFTER ONCOLOGY SURGERY



Very often, at the end of the oncology surgery, the patient will appear with a strong fibrotic bandage of the tongue sutured around the nearest border with the purpose to preserve the mouth floor. This will difficult the speech and swallowing movements.



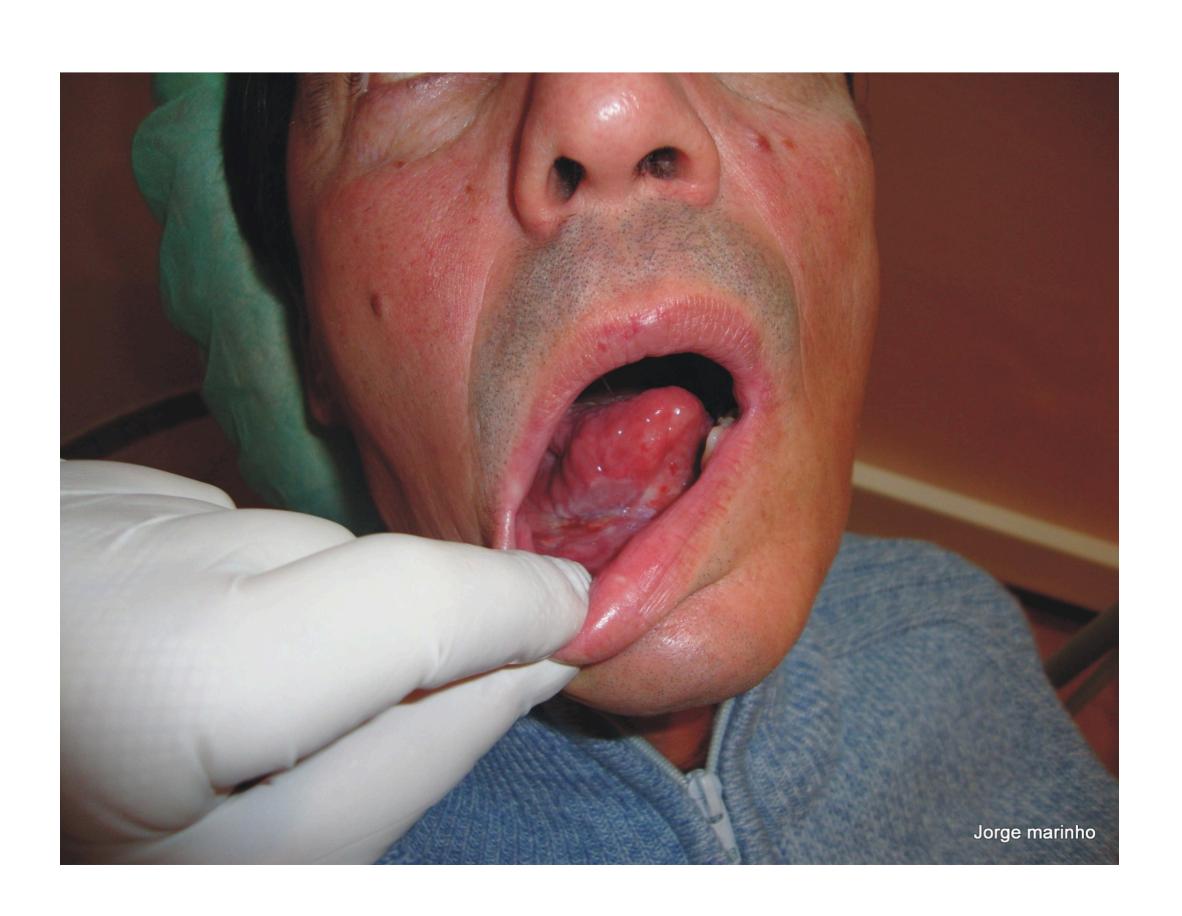
The technic is a modified "tie over" using a complete thickness supra-clavicular skin, sutured at the lateral aspect of the mandibular / lingual infundibulum.



The fixation of total skin graft is made with the compression of two acrylic devices, the interior in soft texture, and the external in hard texture. The graft imobilization for 20 days is crucial for the development of elastine and colagen bounderies between the graft and the tongue berth.



After the withdraw of the fixation devices, we get the viable skin graft attached on the ventral right aspect of the tongue, with restitution of 80% of tongue mobility.



The final result one month post rehabilitation surgery; note the absence of the corneal superficial layer of the skin graft. Now the tongue can occupy the physiological space for a reliable performance of mastication, speech and swallow.