Surgical management of trismus following multidisciplinary Head and Neck Cancer treatment

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Background: Trismus is a common postoperative sequela of head and neck cancer treatment, which may include ablative surgery, reconstructive surgery, and adjuvant radiotherapy. This paper set out to describe a stepwise approach to surgical management of trismus, with case demonstrations of outcomes we have achieved.

Methods: Between May of 2014 and June of 2018, 8 patients were operated on for release of trismus and reconstruction after previous intraoral surgery. The patients had been reconstructed with skin grafts (n = 2), radial forearm flaps (n = 3), anterolateral thigh flaps (n = 4). 5 patients had received postoperative radiotherapy. The patients presented with a mean interincisal distance of 17.2 mm (range, 6 to 28 mm).

Results: Our approach to trismus release included myotomy and coronoidotomy. the intraoral soft-tissue defects were all reconstructed with free flaps. Average interincisal distance was 42.5 mm immediately after the release (range, 33 to 52 mm) and 34.3 mm (range, 24 to 49 mm) at a mean follow-up time of 14 months. The mean amount of improvement amongst all operated patients was 17.1 mm.

Conclusion: A stepwise intraoperative approach to trismus release and the use of free flaps to reconstruct any defect is an effective means of achieving long lasting improvement of trismus for patients previously treated for following previous head and neck cancer treatment.

Biography

Dougal is an ENT Registrar currently located at The Royal Melbourne Hospital, and has a keen interest in Head and Neck oncology.

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