Scientific

Management of drooling by transposition of the submandibular ducts and excision of the sublingual glands

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Precis

Management of drooling by transposition of the submandibular ducts and excision of the sublingual glands. Retrospective study (21) of severe drooling showing improvement with surgery.

Abstract

Statement of the problem: persistent drooling is common in patients with neurological impairments such as cerebral palsy. Although it may be induced by an excess of saliva, it usually results

from incontinence secondary to impaired cerebral control of orofacial function. Various techniques, both medical and surgical, exist to combat the problem. The patient should have a course of conservative management initially (head position, education and training, suction aids, bio-feedback and support). Non-surgical managements and medical treatment should start as early as possible. Surgery has a place, when conservative and medical treatments (drugs/botulinum toxin) have failed.

Purpose of the study: patients subjected to some of the more radical surgical methods may develop complications of the procedures themselves, it is important therefore that any intervention is based on sound principles. Physiology predicts that the most benefit would be derived from diversion of submandibular rather than parotid salivary flow (Fig. 1).

Materials and methods: to assess the effect of bilateral transposition of the submandibular ducts combined with excision of the sublingual glands as a treatment for drooling, a retrospective survey of 21 patients was undertaken by contacting their carers and reviewing the clinical notes.

Results: sixteen out of 21 patients had good to excellent control of their drooling with minimal side-effects and low morbidity.

Conclusion: drooling should be managed with a team approach using non-surgical management in the first instance. Surgery has a place and can be beneficial with few long-term side effects.

Patients require long-term paedontic/dental follow up to maintain a healthy oral cavity.