CASE REPORT

Use of Buccal Fat Pad in Oral Sub Mucous Fibrosis - A Case Report

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ABSTRACT

Oral Submucous fibrosis is one of the commonest oral pathological condition in Northern Indian Subcontinent as the use of smokeless tobacco inform of betel quid, areca nut, tobacco and slaked lime is very common. Here we present a case of oral submucous fibrosis treated with release of bands and coverage with buccal fat pad. Coverage with buccal fat pad is easy and safe procedure without inducing any recurrence of disease.

Keywords: Oral submucous fibrosis, Fibrous bands, Buccal fat pad

INTRODUCTION

The use of smokeless tobacco in various forms is very popular in the Indian subcontinent. This habit which usually involves chewing of betel quid combined with arecanut, betel leaf, tobacco and slacked lime, often leads to unique generalized fibrosis of oral soft tissue called oral submucous fibrosis. Oral submucous fibrosis is characterized by inflammation and progressive fibrosis of the submucosal tissue. In this condition the patient complains of burning sensation of the mouth particularly on taking hot and spicy food.

Early lesion presents as blanching and marble like appearance of buccal mucosa and limitations of mouth opening. As the lesion progresses, palpable fibrous band running vertically in buccal mucosa and in circular fashion are demonstrated leading to variable severity of trismus. If the tongue is also involved, patient may complain of difficulty/inability to protrude the tongue to full extent.

CASE REPORT

A 33 year old female patient reported in the Department of Oral and Maxiilofacial Surgery, Saraswati Dental College and Hospital, Lucknow. She complained of severely reduced mouth opening with burning sensation on taking hot and spicy food. Patient gave history of betel nut chewing with arecanut since last ten years. Interincisal opening was found to be 8mm. On intraoral examination patients oral hygiene was fair with extrinsic stain especially on lingual aspect. Blanching was observed on labial, buccal and palatal mucosa. On palpation the mucosa was board like and vertical bands were palpable in buccal, labial and palatal soft tissues. Routine

Fig 1. Pre operative

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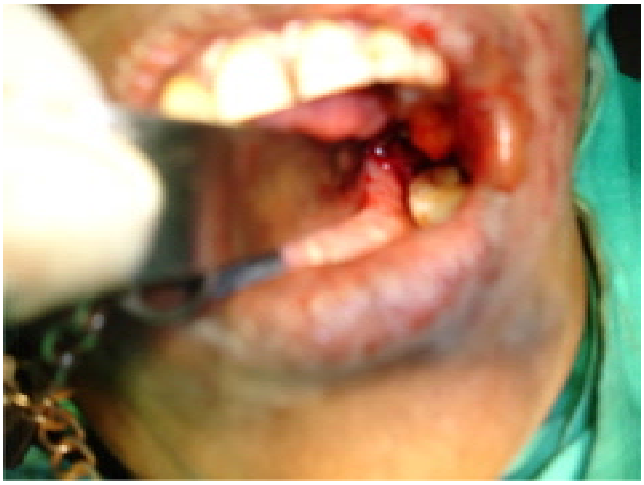

Fig 2. Intra operative

investigation were done and found to be normal. Patient was taken under general anaesthesia for surgical removal of fibrous bands and the surgically created raw area was covered with buccal pad of fat. Intra operatively mouth opening achieved was 35mm. Patient was put on vigorous mouth opening exercises. Patient was put on followup at the intervals of 7, 15, one, three and six months.Mouth opening on sixth month was 32mm.

DISCUSSION

The oral submucous fibrosis is a pre malignant condition and it was first described by Schwartz and Pindborg et al in 1954. Various authors opine that OSMF is a collagen disorder and its prevalence in Indian subcontinent is very high.

Similar observations were reported by Khanna & Andrade in 1995. Different treatment modalities have been used for management of OSMF including medicinal and surgical therapy separetaly or in combination. However the success rate as reported in various articles differ greatly and remain controversial. In grade III and IV OSMF cases, surgical therapy is considered as treatment of choice. Various autogenous(Temporalis muscle, fascia, dermal graft, fascia lata, nasiolabial flap, tongue etc) and allogenous materials like collagen have been used to cover the surgically created defect after excision of fibrous band. In our case after surgical removal of fibrous band the buccal pad of fat was used to cover the surgical defect with good mouth opening postoperatively.

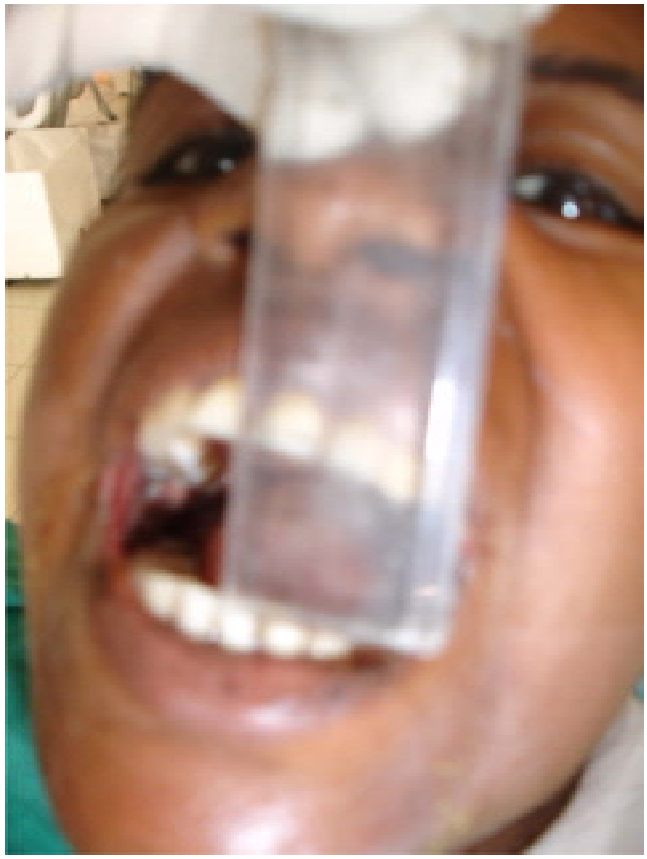

Fig 3. Post operative

CONCLUSION

Buccal fat of pad closure is very easy and safe procedure for intraoral wound closure without as any foreign body graft rejection and is given very good result in oral submucous fibrosis without inducing any further fibrous band post operatively.

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