

# MASSETER MYOTOMY REVISITED IN THE MANAGEMENT OF OSMF – A CASE REPORT

**Introduction:** Oral sub mucous fibrosis is a common potentially malignant condition affecting around 8.06 % of the population in India. These patients usually complain of limited mouth opening and a burning sensation while eating.

**Patient and methods:** A 31yr male reported to our institute with reduced mouth opening for 2 years. O/E revealed mouth opening of **10mm** and **type 4** OSMF. This necessitated surgical management comprised of **bilateral fibrotomy** and **coronoidectomy**. Despite this, the mouth opening was **28mm**. Therefore **masseter myotomy** was performed; mouth opening of **32mm** was achieved, following which the fibrotomy defect was resurfaced with a **bi-winged nasolabial flap**.



**Result:** Even after 7 months of post-operative follow up, the patient is exhibiting a satisfactory mouth opening of 27mm.

## Discussion:

**Definition:** ‘A debilitating, progressive, irreversible collagen metabolic disorder induced by chronic chewing of areca nut and its commercial preparations; affecting the oral mucosa and occasionally the pharynx and esophagus; leading to mucosal stiffness and functional morbidity; and has a potential risk of malignant transformation.’

### Clinical staging

1. Faucial bands only
2. Faucial and buccal bands
3. Faucial, buccal, and labial bands

### Grading/ Functional Staging

1. Stage I Maximum interincisal mouth opening up to or >35 mm
2. Stage II Maximum interincisal mouth opening between 25 and 35 mm
3. Stage III Maximum interincisal mouth opening between 15 and 25 mm
4. Stage IV Maximum interincisal mouth opening 5 and 15mm
5. Stage V Maximum interincisal mouth opening <5 or nil

### Etiological factors

- Areca nut
- Consumption of chilies
- Tobacco
- Nutritional deficiency
- Immunologic basis
- Autoimmunity
- Cell mediated and humoral
- Genetic Susceptibility

**Conclusion:** Masseter Myotomy is fair adjuvant procedure to treat severe cases of OSMF.

## References:

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