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Key Points

- Trismus of OSMF origin has four grades, classified according to surgical planning.
- OSMF may involve all structures in the mouth and around.
- Anesthesia techniques are planned before surgery.
- It is important to identify symptoms that are NOT due to OSMF.

Under the restraint of the title of the book, general symptoms of OSMF, like burning in oral cavity, intolerance to temperature and spicy food, and general nutritional deficiency symptoms, are excluded. Authors shall restrict to the pathological changes in oral cavity responsible for trismus. The structures classically affected are the cheek, teeth, anterior tonsillar pillar and soft palate, muscles of mastication, and temporomandibular joint. Hence, the surgeon needs to address the dense hyalinized tissues in all these areas to achieve adequate release of trismus, i.e., to improve mouth opening.

The following pictures shall demonstrate all above and the factors that need to be considered before surgery.

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Grades of Trismus

Grading is done strictly after 3 months of cessation of the injurious habits of chewing tobacco, areca nut, catechu mixed with lime, and similar offending habits.

Grades are measured in centimeters of inter-incisor distance (IID).

Grade 0: Symptoms of OSMF without trismus

Grade 1: Inter-incisor distance equal to or more than 3 cm

Grade 2: Inter-incisor distance between 2.9 and 2 cm

Grade 3: Inter-incisor distance between 1.9 and 1 cm

Grade 4: Inter-incisor distance less than 1 cm

Fig. 2.1 OSMF involves the cheek, teeth, palate, floor of mouth, and occasionally the undersurface of the tongue, as in this picture



Fig. 2.2 Although this is not severe trismus, i.e., Grade 2 trismus (IID 2 cm), please note that this is a young female patient, and she will not like any facial scars. Hence, reconstruction will be restricted to procedures using intraoral tissues



Fig. 2.3 This is Grade 3 trismus (IID 1.1 cm), in a young female. Hence, intraoral options of reconstruction desirable, i.e., fat, palatal flap, and mandibular mucoperiosteal flap (MMPF)

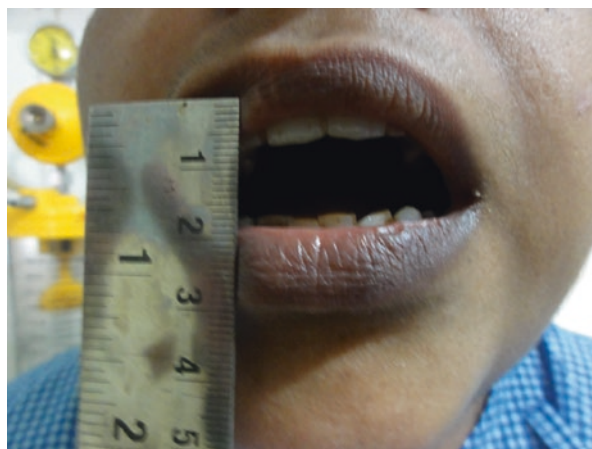


Fig. 2.4 Grade 3 trismus (IID 1.3 cm) in a young man and obviously extraoral choices for reconstruction are available, after counseling with patient, i.e., platysma myocutaneous flap

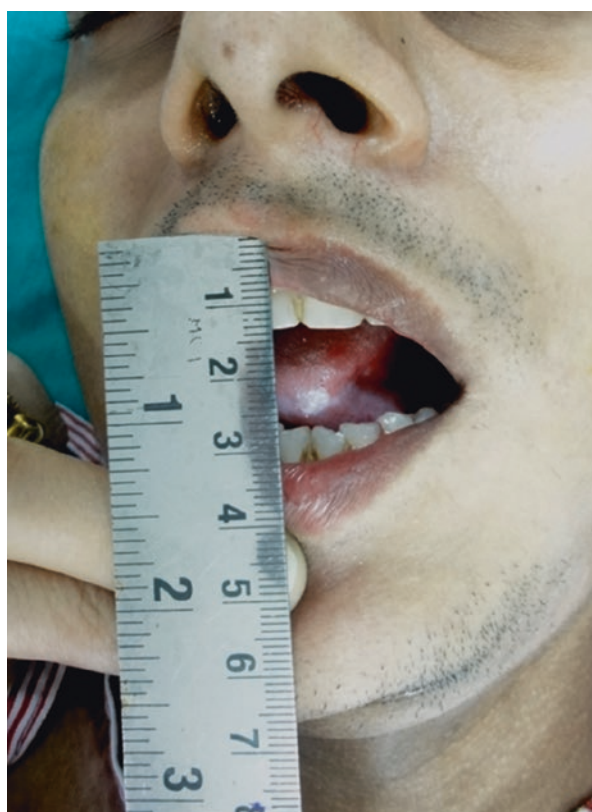


Fig. 2.5 Grade 4 trismus (IID 0.9 mm), in a short necked, stubby individual, hence there will be considerable difficulty in administering anesthesia. The anesthesiologist should be consulted and patient counseled together in a joint consultation



Fig. 2.6 Grade 4 trismus (IID 5 mm). Here, blind nasal intubation or endoscopically assisted intubation should be considered for administering anesthesia



Fig. 2.7 Grade 4 trismus (IID 0 mm). In such severe cases, authors keep tracheostomy on the standby and execute it without hesitation. The tracheostomy can be removed intraoperatively at the end of the procedure



Fig. 2.8 Following are not the symptoms of trismus of OSMF: (1) halitosis, (2) pain, (3) bleeding, (4) falling teeth, (5) sudden increase in trismus, and (6) ulcerative growth in the retromolar area, as in this photograph



Fig. 2.9 This photograph classically demonstrates the three constricting bands causing trismus. (1) Just behind the oral commissure, (2) midway between commissure and retromolar area, and (3) retromolar area



Fig. 2.10 Vesiculation, ulceration, that leads to burning mouth and intolerance shall continue unabated despite surgical treatment of trismus of OSMF. Upturned, contracted uvula due to OSMF is seen in this photograph



Fig. 2.11 Adequate attention has to be paid to dental hygiene, loose teeth and advancing age should warn the surgeon of lurking malignancy, which will demand thorough investigations and adequate counseling





Fig. 2.12 (a, b) Strong motivation of the patient and good postoperative pain management and physiotherapy result in good outcomes



Fig. 2.13 (a, b) Lack of adequate motivation on the part of the patient, inadequate counseling and physiotherapy pain management, can lead to suboptimal results

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An Atlas

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