



**“COMPLICATIONS OF NECK DISSECTION”—A RETROPROSPECTIVE
STUDY**

by

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Dissertation Submitted to the
Rajiv Gandhi University of Health Sciences, Bangalore, Karnataka

In partial fulfilment
of the requirements for the degree of

MASTER OF DENTAL SURGERY (M.D.S.)

in

ORAL AND MAXILLOFACIAL SURGERY

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DHARWAD**

2015-2018

SDMCDSLRC



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ABSTRACT

Aim and Objectives:

The aim of this study was to assess and evaluate the incidence of complications related to neck dissection

Materials and methods:

The proposed study was a retrospective study conducted on patients reported to SDM Craniofacial research centre between 2010 to 2017 who underwent neck dissection for evaluation of complications related to it.

- Inclusion criteria:

1. Biopsy proven cases of oral squamous cell carcinoma requiring neck dissection
2. No evidence of distant metastasis.

- Exclusion criteria:

1. Preoperative radiotherapy
2. New adjunctive chemotherapy
3. Advanced disease with neck nodes involving the IJV & carotid

Pretreatment staging evaluations includes :

Physical examination , Chest radiographs, Hematology and biochemistry tests, Electrocardiograms, Biopsy of the primary tumor, USG and clinical evaluation of neck, Computed tomography scans .

- Reports of all patients treated for oral squamous cell carcinoma analysed and a correlation made based on the following complications grouped as

1. Intra-operative complications

2. Immediate post-operative complications (within 10 days)

3. Post-operative complications

Complications:

1. Wound Dehiscence

2. Hematoma Formation

3. Salivary Fistula

4. Re-Exploration

5. Carotid Blow-Out/Major Vessel Rupture Such As Internal Jugular Vein

6. Shoulder Morbidity

7. Chyle Leak

8. Nerve Injury

9. Infection

Result:

Out of 256 patients (141 male and 115 female aged between 25 to 70 years of age) operated for histologically proven cases of oral squamous cell carcinoma . The incidence of complications was noticed in 84 patients (32.8%). Intra-operative complications were haemorrhage 36(14%), nerve injury 14 (5.4%) , inadvertent internal jugular vein ligation 1(0.3%), chyle leak 1(0.3%). No carotid blow out Most

common immediate post-operative complications was hematoma formation 18 (7%) followed by wound dehiscence 12 (4.6%) and infection 8 (3.1%). Re-exploration was done in 4 cases (1.5%) Salivary fistula formation was seen in 6 cases (2.3%) and chyle leak in 1 case (0.3%) Maximum post-operative complications noted was wound dehiscence 58 (22.6%) and infection 53(20.7%), hematoma formation in 7 cases (2.7%), Salivary fistula formation was seen in 30 cases (11.7%) and nerve injury in 5 cases (0.3%).

Conclusion:

To conclude neck dissection is a simple and safe procedure. The minor complications are part of any other surgical procedure. But prevention of major complications like carotid blow-out, other major vessel bleeding, injury to brachial plexus, vagus nerve or hypoglossal nerve injury requires expertise and thorough knowledge of neck anatomy

Keywords: Oral Cancer, Head And Neck Surgery , Neck Dissection, Complications, Prevention

