COBLATION RESURFACING OF ORAL MUCOSA IN CHILDREN WITH LYMPHATIC MALFORMATIONS

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Conclusions:
- The management of congenital microcystic lymphatic malformations is challenging.
- Coblation resurfacing is an effective treatment modality for superficial microcystic lymphatic disease affecting the mucosa within the oral cavity.
- It is a safe and well tolerated technique, particularly for children requiring multiple procedures at multiple oral cavity sites.

Background:
Lymphatic malformations are rare congenital anomalies, with a reported incidence of 1 in 6000 births. They can be classified as macrocystic (>2cm) or microcystic (<2cm), and commonly occur in the head and neck region. Lesions rarely involute and may present with airway compromise, swelling, bleeding and cosmetic concerns. Whilst macrocystic disease is amenable to surgical resection and sclerotherapy, microcystic disease is challenging with no accepted gold standard of treatment.

Objectives:
- We describe a novel technique of coblation resurfacing for microcystic oral disease which presents with bleeding and swelling.
- We present its long term efficacy and safety.

Methods:
- A retrospective study of all patients undergoing coblation resurfacing of oral mucosa at Great Ormond Street Hospital (GOSH) between 2010-2018 was undertaken.
- Patient’s were identified using the GOSH “ENT-Database”.
- Patient records were interrogated for demographics, surgical outcome and complications.

Results:
41 children underwent coblation resurfacing of the oral mucosa between January 2010 and January 2018 (25 females and 16 males). The most common location for coblation was the tongue(90%), followed by floor of mouth(24%), base of tongue(24%) lip(7%) and buccal(2%). 27% (n=11) of patients required coblation at multiple oral cavity sites. Almost half of the patients required a single coblation procedure (46%), whereas 27% underwent 3 or more procedures.

100% of patients reported an improvement in symptoms following each coblation procedure and 56% of patients were completely symptom free at their last outpatient appointment. 37% of patients were symptomatically improved with no further treatment planned and a further 7% were improved with further treatment likely.

There was one incident of post-operative bleeding associated with infection one week post discharge early on in our experience. Subsequently all patients are now discharged home with a routine course of oral antibiotics. There have been no further complications.

Figures showing pre (A and C) and post (B and D) operative appearances of microcystic lymphatic malformations following coblation resurfacing of the tongue and lip

A                                   B
C                                   D

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