

# Commentary of a Case with Abscess of Submandible Glandula and Necrosis Managed with Debridation and Final Wound Closure with Cellulose Apparitions for Epithelization



**Ramon Romero Verde\* and DRA Argnice Loreto Marin**

*Department of Otorrinolaringology, Venezuela*

**Submission:** March 01, 2016; **Published:** March 07, 2017

**\*Corresponding author:** Ramon Romero Verde, Department of Otorrinolaringology, EL Tigre - Anzoategui State - Venezuela, South America

## Commentary

Each human being has three pairs of major salivary glands, located on both sides of the face. The parotids, which are the largest, supported on the lower jaw, the sublingual, at the base of the mouth below the tongue and the submandibular below the jaw. When saliva does not move freely through the mouth, the amount of bacteria and food that remains there increases and may result in infection by viruses, bacteria or obstruction or inflammation of a salivary duct, causing sialoadenitis and consequently infection.

Several conditions can produce decreased saliva production: herpes, tumors, Sjogren's syndrome, dehydration, malnutrition, poor hygiene, among others. Our case was managed in a hospital with very low technological resources, reason why it was not possible to deepen specialized diagnostic studies.

Our visual finding as described was located as a starting point in the left submaxillary gland.

It should be noted that this patient did not report a history of diabetic or previous infectious pictures of the oral area and from the dental point of view, he has lower total edentulous.

Male patient 68 years old, does not report pathological antecedents, of very low socioeconomic stratum, begins on August 26, 2016 with increased painful volume and mild

erythema in left submaxillary region, indicated Clindamycin IV, 600 mgs every 8 hours, and citation of Control at three days, when the onset of necrosis area is indicated, CT of the neck (deficiency of the patient's resources as well as of the hospital system does not allow the accomplishment of the same); An ecosonogram is reported which reports a large ecomixta image in the left submandibular region of poorly delimited edges of approximately 106x78x62 cm.

As the area of skin necrosis and spontaneous outflow of foul-smelling purulent secretion progresses, it is changed to Ciprofloxacin + Metronidazole and it is decided to take to the operating room on 02/09/16 where drainage of abundant secretion and extensive debridation of necrotic tissue is performed Skin, subcutaneous cell, muscle and left submaxillary gland, culture and antibiogram sample is collected, reporting the growth of Pseudomonas sensitive to Ciprofloxacin, thus maintaining the IV treatment regimen, in view of hospital-type limitations, continues to be made in bed The debridation of devitalized remnant tissue until the presence of healthy tissue, with beginning of granulation, and on 20/09 it is decided to start handling with cellulose dressings for epithelization (CUTICELL EPIGRAFT) which is changed periodically, on average from 10 to 15 Days each change, and in an approximate time of 48 days, you get the final satisfactory result, final photograph 02/12/2016.



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DOI: [10.19080/GJO.2017.04.555645](https://doi.org/10.19080/GJO.2017.04.555645)

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