

原文題目(出處)：	A retrospective analysis of post-operative outcomes in a series of 108 labial gland biopsies(oral surgery)
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內文：

- Introduction
- 1. Labial gland biopsy (LGB) is an important component in the diagnosis of Sjogren's Syndrome
- 2. Sjogren's syndrome (SS) is a systemic autoimmune disease
- 3. initially targets primarily the lacrimal and salivary glands
- 4. keratoconjunctivitis sicca (dry eye disease) and/or stomatitis sicca (dry mouth disease)
- 5. The international collaboration into SS proposed new data-driven diagnostic criteria , at least 2
 - (1) positive serum anti-SSA and/or anti-SSB or positive rheumatoid factor and antinuclear antibody titre >1:320
 - (2) Keratoconjunctivitis sicca with ocular staining score>3
 - (3) presence of focal lymphocytic sialadenitis with a focus score>1 focus/4 mm² in labial salivary gland biopsy samples
- 6. Post-operative complications
 - (1) post-operative pain
 - (2) Paraesthesia
 - (3) Haematoma
 - (4) Swelling
 - (5) Lower lip numbness-occurring in 0–11.4% of patients
- Clinical steps
- 1. Ensure that the patient is sitting in a calm environment and has been adequately consented and warned of serious or frequently occurring post-operative complications, Identify an area of mucosa of the lower lip that appears normal clinically and is not inflamed
- 2. Local anaesthetic is infiltrated into the sub-epithelial area that will be incised. The needle is inserted only once to a depth of 2 mm into the labial mucosa

3. A no.15 blade is used to make a 1.5–2.0 cm horizontal linear incision through the epithelium and not the underlying connective tissue.
4. Separation of incision margin creating an elliptical shape
5. Blunt dissection of lamina propria to release minor salivary glands and identify any nerve fibres
6. Approximately 6–8 minor salivary glands should be removed
7. Closure is achieved with two to four simple interrupted resorbable sutures
8. Pressure is applied to the biopsy site to achieve haemostasis, and post-operative instructions are given



Figure 1 Identification of biopsy site.



Figure 2 Administration of local anaesthetic.



Figure 3 Incision through epithelium.



Figure 4 Separation of incision margins creating an elliptical shape.



Figure 5 Blunt dissection of lamina propria to release minor salivary glands and identify any nerve fibres.

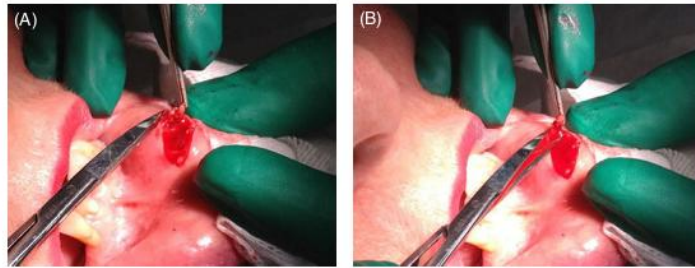


Figure 6 Careful dissection of minor salivary glands.



Figure 7 Closure of biopsy site.

- Post-operative morbidity and paraesthesia survey
 1. 180 patients, between Oct 2010 to Aug 2012, 108 surveys were successful completed
 2. The minimum length of time between the biopsy and the survey was 6 months, and the maximum time was 25 months
 3. Pain that lasted >2 weeks, but <6 months was defined as a medium term or temporary post-operative complication
 4. any pain that lasted ≥ 6 months was defined as long term or a permanent complication.
- Results
 1. 6 patients (5.5%) reported post-operative pain that lasted > 2 weeks with an average VAS pain score of 5
 2. 6 out of the total 108 patients (5.5%) complained of post-operative swelling that lasted > 2 weeks
 3. 8 out of the 108 patients (7.4%) reported some paraesthesia following biopsy
- Discussion
 1. Only one patient out of 108 patients (0.9%) reported pain that lasted ≥ 6 months
 2. only six patients (5.5%) reported swelling that lasted >2 weeks
 3. Permanent localised paraesthesia occurred in three out of the 108 patients (2.8%)

4. One disadvantage of a telephone survey is that results are purely a subjective measure of the patient's reported symptoms, and physical examination cannot be conducted
5. the use of analgesia and non-steroidal inflammatory drugs as well as other medication that may affect post-operative pain and swelling was not taken into account
6. the interval between date of biopsy and date of telephone questionnaire varied from 6 months to 25 months and could have been standardised to ensure more accurate results
7. Greenspan et al . used a technique with a 1.5–2 cm linear incision of mucosa parallel to the vermilion border and lateral to midline, and the incidence of long-term paraesthesia in 75 patients was reported to be 1%.
8. Pijpe et al .used a technique involving a horizontal incision of 3 cm and reported the incidence temporary paraesthesia to be 11% and long-term paraesthesia to be 6% (n = 35)
9. Santiago et al .used a 2–3 mm horizontal incision, reporting a 7% incidence of post-operative pain and 3% incidence of temporary paraesthesia but no permanent paraesthesia. (n = 186)
10. Gorson and Ropper used a 1 cm vertical incision behind the wet line through mucosa and submucosa and reported one case of persistent numbness (2%)
11. Berquin et al . used an oblique incision, 1.5 cm from the midline proceeding lateroinferiorly, avoiding the glandular free zone in the centre of the lower lip, with a 4% incidence of paraesthesia

Table 1 Literature review of labial gland biopsy techniques and complications

Paper	Sample	Technique	Number of patients with short-term complications n (%)	Number of patients with long-term complications n (%)
Santiago et al. 2012 ²⁰	186	2-3 mm incision on inner surface of lower lip	Haematoma: 5 (3) Pain: 12 (7) Inflammation: 6 (3) Granuloma: 2 (1) Temporary numbness: 5 (3) Temporary anaesthesia: 2 (1)	0
Pijpe et al. 2007 ²¹	35	Lower lip mucosal incision 3 cm parallel to vermilion border, lateral to midline	Temporary anaesthesia: 1 (3)	Permanent paraesthesia >1 year: 2 (6)
Richard et al. 1992 ²⁴	58	Horizontal mucosal incision	Temporary anaesthesia: 1 (2)	Permanent paraesthesia >1 year: 1 (2)
Cipriani et al. 2008 ²⁶	502	2-3 mm incision on inner surface of lower lip	Temporary anaesthesia: 5 (7) Haematoma: 8 (2) Swelling: 2 (7) Bleeding: 5 (1)	0
Chisholm and Mason 1968 ⁴	40	Ellipse of mucous membrane down to muscle	0	0
Onesipan et al. 1974 ²¹	75	1.5-2 cm linear incision in mucosa, parallel to vermilion border and lateral to midline		Paraesthesia for several months: 1 (1)
Dankels 1984 ⁸	362	Single 1.5-2 cm horizontal incision through mucosa	Temporary anaesthesia: 3 (1)	
Marsell et al. 1988 ²⁶	77	3 x 0.75 cm horizontal mucosal incision	Temporary anaesthesia: 2 (3)	Permanent paraesthesia >2 years: 1 (1)
DeGjard and Wojskiada 1989 ²⁷	19	Longitudinal incision 1 cm in labial mucosa in front of lower first premolar	0	0
Permet et al. 1990 ²⁷	50	Single 1.5-2 cm horizontal incision through mucosa	0	0
Guerrero-Gutierrez et al. 2001 ²⁸	50	4 mm punch biopsy using retracting epithelium between midline and commissure	Temporary anaesthesia: 2 (4)	
Friedman et al. 2002 ²⁸	118	5-7 mm incision on inner surface of lower lip	Pain: 3 (3) Swelling: 5 (4) Infection: 2 (2) Suture failure: 4 (3) Cheloid formation: 1 (1) Paraesthesia >3 weeks: 2 (2)	Paraesthesia >3 weeks: 2 (2)
Gosion and Roppert 2003 ²⁹	54	1 cm vertical incision behind wet line through mucosa and submucosa	0	Permanent paraesthesia: 1 (2)
Smith et al. 2004 ²⁹	11	Vertical incision made on mucosal surface lateral to midline	0	0
Benquin et al. 2006 ³⁰	24	Oblique incision, 1.5 cm from midline proceeding latero-laterally avoiding the glandular free zone in the centre of the lower lip		Permanent paraesthesia: 1 (4)
Tippa and Revonta 2007 ³⁰	191	2-3 mm horizontal incision	Pyogenic granuloma in wound: 1 (1)	0

Table 1 shows a review of the literature published between December 1960 and December 2012 regarding techniques and complications of labial salivary gland biopsy for diagnosis of Sjogren's syndrome. Databases searched include MEDLINE, EMBASE, and the Cochrane Central Register of Controlled Trials. Sixteen studies were found which gave details of technique and any complication seen counted.

● Conclusion

1. Labial gland biopsy has played an important role in SS-disease specificity, wide availability, minimal invasiveness and opportunity to assess auto-immune disease-active cells within a Sjogren's target organ
2. Labial gland biopsy remains a safe procedure with low complication rates
3. This article outlines a technique for labial gland biopsy which has proved to be effective in delivering histopathological diagnosis and has a low level of post-operative complications

題號	題目
1	Which one of the following statement about Sjogren syndrome is wrong?

	(A) Is an autoimmune disease (B) Principally involves the salivary and lacrimal glands (C) Has the gender prevalence of male (D) Predominantly in middle-aged adults
答案 (C)	出處：oral and maxillofacial pathology
題號	題目
2	Following antibodies are shown in Sjogren syndrome except? (A) Anti-SS-A (B) Anti-SS-B (C) Rheumatoid factor (D) Anti-SS-C
答案 (D)	出處：oral and maxillofacial pathology