



The sternocleidomastoid-parotid space (Diancan's space)

Wei Wang,^{1,2} Lin Lan,^{1,2} and Diancan Wang^{1,2,*}

¹Department of Oral and Maxillofacial Surgery, Peking University School and Hospital of Stomatology, Beijing 100081, China

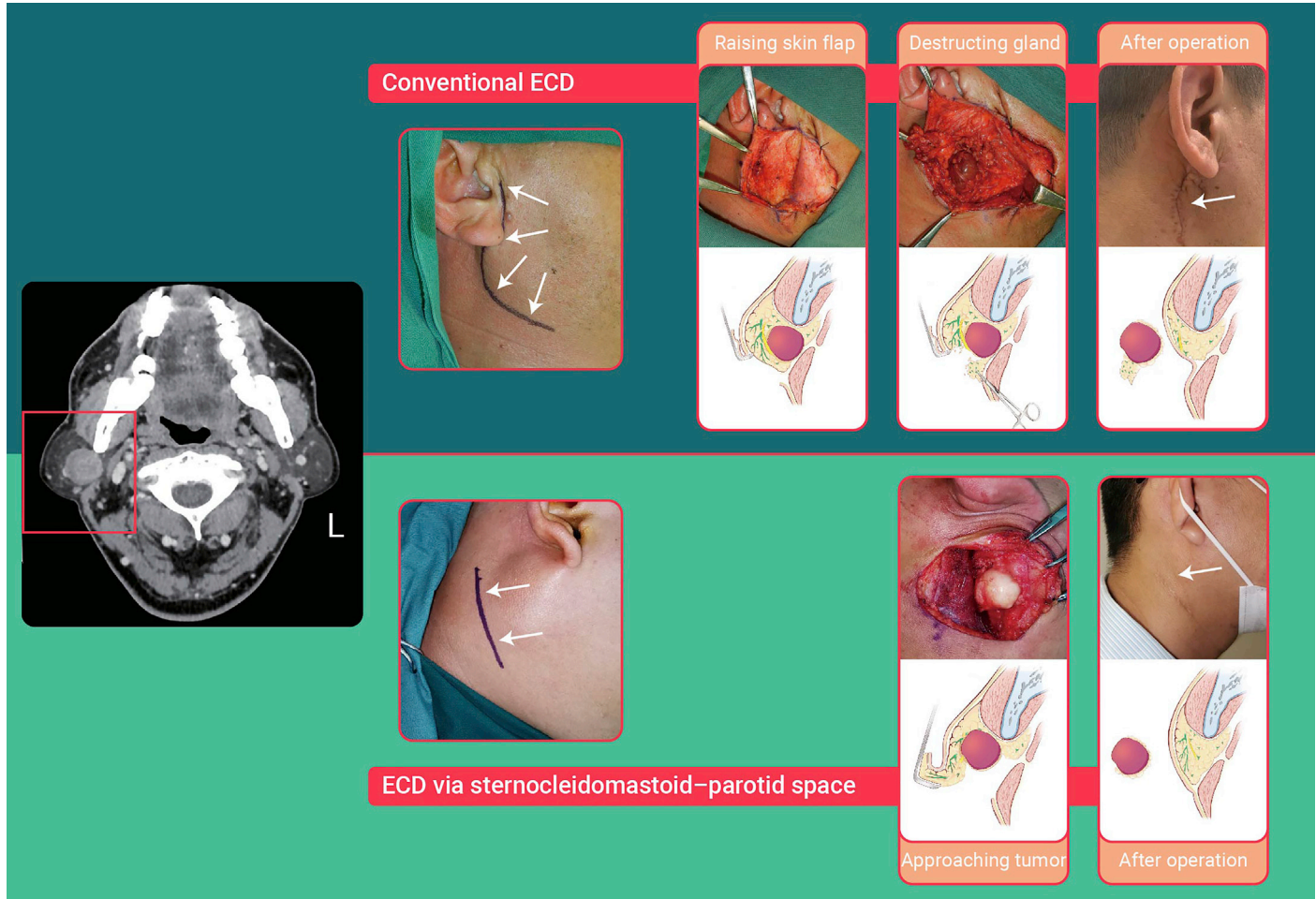
²National Clinical Research Center for Oral Diseases, Beijing 100081, China

*Correspondence: wdc@bjmu.edu.cn

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Parotid gland tumors are common and mostly benign. The main treatment is surgical excision. The conventional surgical procedure, progressing from shallow to deep tissue, usually comprises three steps: first, exposing of superficial gland surface by raising a skin flap; second, approaching the tumor via destruction of the overlying gland tissue; third, tumor removal (e.g., by extracapsular dissection [ECD]). The surgical complications may include iatrogenic sialocele or fistula secondary to extensive injury of gland tissue, or facial palsy caused by contact with the facial nerve branches intraoperatively.

To avoid surgical complications, we use an innovative procedure, progressing from deep to shallow tissue using ECD via the sternocleidomastoid-parotid space approach (ECD-SPSA). The sternocleidomastoid-parotid space (SPS; “Diancan’s space”) is a potential fascial space between the sternocleidomastoid muscle and the inferolateral parotid. This procedure comprises two steps; the first is a direct approach to the tumor through the SPS with simultaneous adenocutaneous flap establishment; and the second is ECD of the parotid tumor through the exposed SPS.

The indications for this approach are clinically benign parotid tumors plunging into the SPS, which can be distinguished on computed tomography or magnetic resonance imaging by a “shot-put” sign in the axial plane and a “dolphin lift ball” sign in the coronal plane.¹

Exposing the inferoposterior edge of the parotid gland and elevating an adenocutaneous flap allows the SPS to be used for safe removal of some tumors in the deep lobe of the parotid gland.²

ECD-SPSA is simple because the sternocleidomastoid muscle is easily identifiable. Moreover, ECD-SPSA is less invasive because the gland covering the tumor is preserved; skin covering the gland is not separated. Consequently, surgical complications, postoperative sialocele, and salivary fistulas can generally be avoided without using any specific intraoperative and/or postoperative measures to prevent or treat sialocele/fistula (e.g., medication sealant, pressure dressing, and dietary restrictions).³

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DECLARATION OF INTERESTS

The authors declare no competing interests.