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## Letter to the Editor

### Comment on “a novel method to prevent biting through nasolabial flap: Modified oral screen” by Chaudhary et al.



To the Editor,

We read with great interest the article by Chaudhary et al. who used a modified oral screen to prevent a nasolabial flap from being bitten into occlusion in patients undergoing a buccal reconstruction for oral submucous fibrosis [1]. Chaudhary and colleagues state correctly that it is crucial to stabilize a nasolabial flap at the recipient site for its unhindered acceptance and uneventful healing. We agree with Chaudhary's concept regarding the management of nasolabial flaps, but, we are not sure whether patients wearing the oral screen can take food orally. Should such a patient be fed via a nasogastric feeding tube until the flap is secure? Here we would like to describe the usefulness of modified soft splints to stabilize the nasolabial flap without complications, by a brief report of our patient's case.

An 85-year-old woman with carcinoma of the right buccal mucosa

underwent incision of the tumor. We used a caudally based nasolabial flap to reconstruct the defect. Both upper and lower soft splints were prepared using vacuum pressure modeling with 2-mm-thick polyvinyl sheets [2]. The posterior area of the splint was removed (Fig.1). The upper and lower soft splints provided a 4-mm occlusal space to prevent the flap from being bitten, without traumatic pressure to the flap (Fig. 2A, B). These modified soft splints allowed the patient to take a liquid diet orally and speak fluently. Three weeks after the initial procedure, the division and inset of the flap was successfully performed and the patient stopped using the splints.

In conclusion, we note that modified soft splints can offer an efficient approach to secure a nasolabial flap in position without disturbing the patient's eating and speaking.



Fig. 1. Preparation of the upper and lower modified soft splints.

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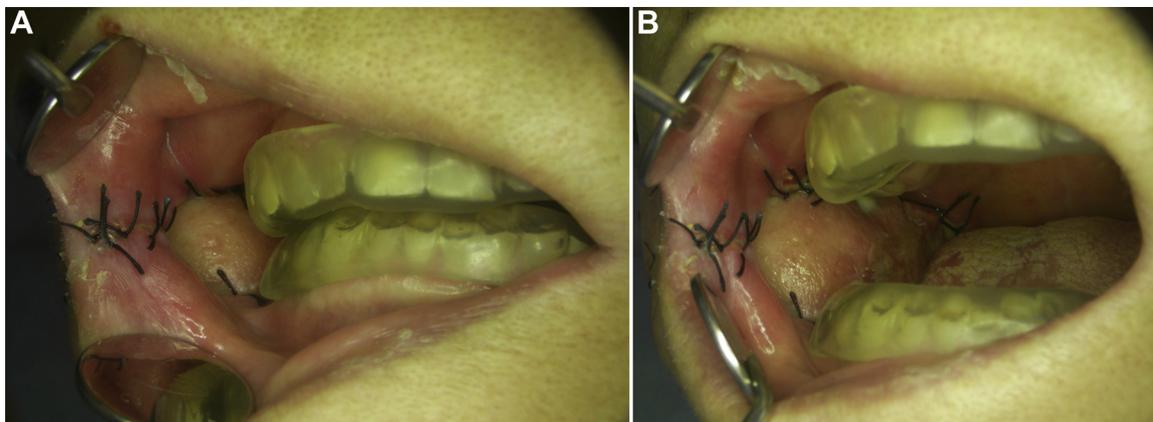


Fig. 2. Modified soft splints inside the patient's mouth. A:Closing, B:Opening.

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**Competing interest**

The authors have no conflict of interest to report.

**Ethical approval**

Not required.

**Patient consent**

The patient's written consent for the publication of her clinical photographs was obtained.

**References**

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