



## Reasons for the Preservation of the Facial Artery in Submandibular Gland Resection

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### Editorial

In the elective and curative neck dissection, particularly in the oral cavity and perioral region cancer, submandibular gland is resected with the content of the cervical level 1. Oncologically submandibular gland and peri-intraglandular lymphatics are removed together to prevent or cure lymphatic metastases. The facial artery is usually unguarded despite the protection of the marginal mandibular nerve. In the dissection of submandibular gland, the facial artery and vein (facial pedicle) are divided and ligated as a conventional technique. However, there is a great importance of preserving the facial artery in our modern reconstruction surgery. A few anterior branches of facial artery enter the submandibular gland. Therefore, the surgeon can easily ligate these small branches without losing time, consequently preserve facial artery. Nowadays, various pedicled and free flap reconstructions are routinely applied in the head and neck cancer surgery. The superior thyroid artery and facial artery are the most preferred adequate recipient arteries in free flap application. Moreover, facial artery and maxillary artery make anastomosis between external and internal carotid arteries. This anastomosis is performed with its terminal angular artery. The roles in the haemodynamic compensation of the carotid system, and the use in free flap should be remembered. Facial artery should not be ligated unnecessarily.

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