



Title	Recurrence of carcinoma of tongue after irradiation-result of surgical salvage
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38.1 Recurrence of carcinoma of tongue after irradiation-result of surgical salvage

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Radiotherapy is frequently employed for treatment of early carcinoma of tongue. This study aims to evaluate the efficacy of surgical salvage for local and nodal recurrence in patients after radiotherapy failure.

A retrospective analysis of 47 patients who underwent surgical salvage for recurrence of carcinoma of the oral tongue after radiotherapy in the University of Hong Kong Medical Centre between 1980 and 1992 was carried out. The pattern of locoregional recurrence, the problems of surgical management and results of surgical treatment were evaluated.

Among these 47 patients, 25 suffered from local recurrence alone, 11 with only nodal recurrence and 11 with locoregional recurrence. There was no operative mortality. Seventeen percents of patients had one or more surgical complications including wound infection, flap necrosis, anastomotic leakage and chest infection. Twenty-nine patients (62%) developed recurrence in the head and neck region again after surgical salvage and 9 patients were managed with second operations. The 5-year actuarial survival rates were 39% for those with only local recurrence, 68% for those with nodal recurrence alone and 27% for those with locoregional recurrence.

The result of surgical salvage after radiotherapy failure for patients with oral tongue carcinoma was plausible.

38.2 Treatment of craniofacial syndromes by distraction osteogenesis: preliminary results

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Distraction osteogenesis is a process of generating new bone by stretching of the divided bone segments. It is a new concept of treatment initiated from orthopaedic surgery and is gaining rapid acceptance by oral and maxillofacial surgeons as treatment of choice for severe craniofacial deformities. The aim of this study is to present our early experience in the use of intra-oral distractor.

Material and methods: 5 patients have undergone this treatment, which consisted of 1 Treacher-Collins syndrome and 4 hemifacial microsomia. A standard assessment protocol was designed which included a 3-dimensional CT scan and stereolithography models. A joint surgical and orthodontic consultation was done for finalisation of the treatment plan. Surgery involved a 2 stage treatment process.

Results: All 5 patients have completed the surgical phase and are receiving the orthodontic phase of treatment. Two clinical complications were noted: Intra-oral dehiscence was developed from the chin distraction of the Treacher-Collins case and a local soft tissue infection was noted around the distractor frame during the removal surgery in one hemifacial microsomia case. However, new bone formation was not affected by these complications and the surgical treatment was completed as planned.

Conclusion: Distraction osteogenesis opens up a new avenue of treatment on the severe craniofacial deformities with many advantages over the conventional orthognathic surgery.