

2015 SICPRE Congress Young Plastic Surgeon Best Abstracts

The New Transverse–Facial Artery Musculomucosal Flap for Intraoral Reconstructions

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BACKGROUND

Head/neck cancer resections often require reconstruction to restore form and function. Small-to-medium size intraoral defects can be successfully reconstructed by local pedicled flaps, such as the facial artery musculomucosal (FAMM) flap, which encompasses different layers: cheek mucosa and submucosa, the underlying layer of the buccinator muscle, a portion of the orbicularis oris close to the labial commissure, and the facial artery. The flap is usually outlined longitudinally over the facial artery course, and average size is 5×2.5 cm. We describe here an innovative flap design and dissection, apt to treat larger defects than the usual ones.

METHODS

In a 50-year-old patient with squamous carcinoma of the soft palate involving also surrounding oral soft tissue, after oncological resection, we designed on the cheek mucosa an 8×3 cm flap with a squamous carcinoma orientation. The flap axis was crossing about 90 degrees the projection of the facial vessels. Dissection was carried out in anteroposterior direction and the facial artery skeleton-

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Plast Reconstr Surg Glob Open 2016;4:e652; doi:10.1097/ GOX.0000000000000032; Published online 18 March 2016. ized in continuity 3.5 cm superiorly and inferiorly the flap entrance (Fig. 1). Once the vascular pedicles had been mobilized and the labial artery ligated, the transverse (t)-FAMM flap was transposed superoposteriorly and sutured to the residual mucosa of the hard palate. A contralateral t-FAMM flap was harvested and transposed. The whole soft palate was then reconstructed by suturing the 2 flaps together.

RESULTS

With the bilateral progression of the 2 pedicled flaps, we were able to successfully restore both form and function of the soft palate, with a single-stage straightforward procedure, preserv-

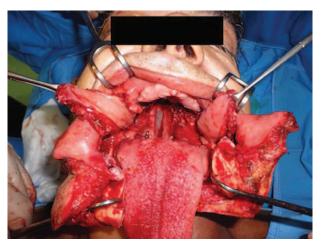


Fig. 1. View of 50-year-old patient after resection of squamous cellular carcinoma involving the soft palate. Bilateral t-FAMM flaps have been dissected and are shown before rotation.

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Fig. 2. Six days postoperative view showing the reconstructed palate.

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ing at the same time the natural course of the facial arteries. Both flaps healed uneventfully. Six days after operation, the patient was placed on a liquid diet with no velopharyngeal insufficiency (Fig. 2). This is to our knowledge the first extensive palatal reconstruction carried out with intraoral flaps only.

CONCLUSION

The FAMM flap is a well-established and reliable flap to reconstruct defects of the oral cavity. With this new technique, we improved the reconstructive power of this flap by enhancing its size. Bilateral t-FAMM flap is a surgical option to free flaps to reconstruct extensive palatal defects.

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