SPINOCELLULAR AND BASOCELLULAR CARCINOMA OF THE HEAD

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Introduction: Tumors of keratinocyte epidermic cell or non-melanoma skin cancer are now the most common types of cancer in white populations. The tumor entities show an increasing incidence rate worldwide but a stable or decreasing mortality rate. The rising incidence rates of non-melanoma skin cancer are probably caused by a combination of increased sun exposure or exposure to ultraviolet light, increased outdoor activities, changes in clothing style, increased longevity, ozone depletion, genetics and in some cases, immune suppression.

The purpose of this paper was to describe different types of surgical intervention used in patients with spinocellular or basocellular carcinoma of the head region.

Material and Methods: The paper presents patients who came to the Floreasca Emergency Hospital, Bucharest (Romania) in the Department of Plastic and Reconstructive Surgery and got surgical excision of the tumor, followed by reconstruction.

All patients had spinocellular or basocellular carcinoma located at the head in an advanced stage but without metastasis. The anatomopathological exam was performed to confirm the diagnosis of skin carcinoma for which surgery is the only treatment. The defects were covered using the skin flaps and skin grafts, to the area removed and to the size of the tumor.

The excision was made with safety margins from the healthy tissue; the defect was covered with flaps from the surrounding skin or skin graft in smaller tumors. The recovery of the patients depended on the chosen techniques, on the patient's medical status and on post-surgical care.

Results: The results revealed that skin cancer can be treated with a multitude of surgical techniques. The use of skin flaps or skin grafts provides a wide range of surgical approaches for treating difficult areas like nose or lips to simpler regions like forehead.

Conclusion: The principal conclusion was that patients with spinocellular or basocellular carcinoma could benefit from an optimal facial reconstructive treatment. The intervention allowed social reintegration with minimal functional or esthetic deficit.

Key words: spinocellular/basocellular carcinoma, surgical treatment, skin flaps.

PRIMARY TUMORS OF JEJUNUM AND ILEUM: ONE CENTER EXPERIENCE

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Introduction: Primary benign and malignant tumors of jejunum and ileum are rare. They are very often diagnosed by accident or as a cause of acute abdomen.

Purpose: The aim of study was to analyze the cases of primary tumors of jejunum and ileum admitted for surgical procedures in an emergency and elective setting.

Materials and Methods: Retrospective review of all patients referred to our institution and diagnosed with primary tumors of jejunum and ileum and its complications during the last 7 years.

Results: There were 15 pts (F-9, M-6) with mean age of 52.9 ± 5.1 years (range from 17 to 79). Intussusceptions (n=6), intestinal obstruction (n=3), perforation (n=2), intussusceptions/ perforation with GI bleeding (n=2) were the most common clinical presentations. In 2 cases primary tumors of jejunum and ileum were detected as incidental findings during surgical procedure. Most tumors (n=11, 73.3%) were located in the ileum. In 15 pts intestinal resection (R_0-12, R_1-1) with end-to-end (n=7), side-to-side (n=6), Maydl procedure (n=1) and terminal ileostomy (n=1) were performed. There were 9 benign tumors (leiomyoma-4, angioleiomyoma- 2, fibrolipoma -2, fibroid polyp-1) and 6 malignant (c-KIT/CD 117 positive GISTs–2, lymphomas-2, neuroendocrine tumor-1, adenocarcinoma-1).

Conclusion: Primary tumors of jejunum and ileum are rare, the symptoms often non-specific, and the accuracy of different diagnostic tests needs to be improved. Timing and type of the intervention to the process and biological behavior of the pathological cells predict the prognosis.

Key words: small intestine, tumor, surgery.

CAN EPIGASTRIC FLAP BE SENSITIVE AND SURVIVE ON THE NEURAL PEDICLE?

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Introduction: Nowadays in reconstructive plastic surgery it is very popular to use island flaps for covering soft tissue defects. I.Kuran et al (2000) reported high level of satisfaction after surgery in the group of patients who received a treatment by using sensitive flaps. In this way transposition of flap that includes in pedicle sensitive nerve is very actually. It is well known that all nerves have their own vasculature (vasa nervorum) to supply nerve fascicles. In 1992 A.Masquelet reported about sural flap for covering defects of lower extremity. In pedicle of this flap situated sural nerve. Authors improved that vascular axis of this nerve can supply skin. In 2004 surgeons from Turkey presented a new model of flap – neural-island flap. This flap has no axial blood flow and based on sensitive nerve of rat (n.cutaneus femoris lateralis). For experimental surgeons is very necessary to have simple and reliable model of this flap. In this investigation we offer to use well known epigastric flap because its pedicle has sensitive nerve.

Material and Methods: All Wistar rats (N=43) were divided into 2 series of experiment: anatomical study and surgical study. In anatomical study (n=5) under general anesthesia was made microdissection of epigastric nerve by using operating microscope. In surgical study all animals were divided into 4 groups. In group A (n=11) was raised conventionally 2x2 cm epigastric flap in addition with ligation of superficial epigastric artery and vein, but epigastric nerve leaves intact. In group B (n=11) was made epigastric skin graft - after raising of standard epigastric flap neurovascular pedicle was legated and cut. In group C (n=11) epigastric flap 2x2 cm was raised in new area in considering with anatomical study of epigastric nerve. Artery and vein was legated, but nerve was intact. In group D (n=5) was raised 1,5x1,5 cm epigastric flap in new area. Data analysis was made by using nonparametric statistics and Spearmen correlation.

Results: Anatomical study shows that epigastric nerve has another area of innervation comparing with epigastric angiosome. This nerve goes with epigastric vessels in the first time. Than nerve that is deflected lateral and goes to the internal surface of femur and lateral surface of the back. In experimental study in the group A survival rate of flaps was 18,2%, in group B – 0%, in group C – 27,3%, in group D – 60%. There are no significant difference in survival between group A and B, and between group C and D ($p>0.05$). Correlation between group C and D is not significant.