Acta Otorrinolaringol Esp. 2014;65(1):27–32

Acta Otorrinolaringológica Española

www.elsevier.es/otorrino

ORIGINAL ARTICLE

Free Radial Forearm Flap in Head and Neck: Our Experience☆

Jordi Tornero,[a,b] Paula Cruz-Toro,[a,b,*] Anna Farré,[a,b] Jorge Vega-Celiz,[a] Javier Skufca,[a,b] Julio Nogués,[a] Manel Maños-Pujol[a]

[a] *Servicio de Otorrinolaringología, Hospital Universitario de Bellvitge, L'Hospitalet de Llobregat, Barcelona, Spain*
[b] *Unidad Funcional de Otorrinolaringología y Alergia, Agrupació Mèdica I Quirúrgica (AMiQ), Hospital Universitario Quirón Dexeus, Estadificación, Barcelona, Spain*

Received 6 May 2013; accepted 10 September 2013

KEYWORDS
Cancer;
Head and neck;
Reconstruction;
Free radial forearm flap

Abstract
Introduction: Oncologic surgery leads to important defects and sequelae, as well as notable cosmetic and functional alterations. In this aspect reconstructive surgery has an essential role, allowing more radical excision and lower associated functional and cosmetic morbidities. The aim of this study was to present and evaluate the experience and results of the reconstructive microsurgery unit in our centre's ENT department.
Methods: Retrospective study of procedures performed between 2006 and 2012.
Results: A total of 36 cases were reviewed. The primary tumour was found in the oropharynx (58%) in the majority of cases. In 5 cases the procedure was performed for reconstruction and fistula closure (4 pharyngostoma and 1 tracheoesophageal fistula). Failure from total necrosis was 16% (6/36). No associated mortality has been reported. The most common postoperative complications were wound dehiscence in 5 patients and pharyngostoma (fistula) in 5 cases. Prior radiotherapy significantly influenced the increase in the overall incidence of complications ($P<.05$).
Conclusions: Reconstructive surgery currently plays an important role in surgery for head and neck cancer. The radial forearm flap is a safe, reliable method for reconstruction of most defects in the ENT field. This type of intervention provides greater autonomy and safety in surgical oncology.
© 2013 Elsevier España, S.L. All rights reserved.

☆ Please cite this article as: Tornero J, Cruz-Toro P, Farré A, Vega-Celiz J, Skufca J, Nogués J, et al. Colgajo antebraquial radial en cabeza y cuello: nuestra experiencia. Acta Otorrinolaringol Esp. 2014;65:27–32.

* Corresponding author.
E-mail addresses: paulitacruz@hotmail.com, paucruztoro@gmail.com (P. Cruz-Toro).

2173-5735/$ - see front matter © 2013 Elsevier España, S.L. All rights reserved.

PALABRAS CLAVE
Cáncer;
Cabeza y cuello;
Reconstrucción;
Colgajo libre antebraquial radial

Colgajo antebraquial radial en cabeza y cuello: nuestra experiencia

Resumen
Introducción: La cirugía oncológica conlleva a importantes defectos y secuelas, así como alteraciones funcionales y cosméticas notables. En este aspecto, la cirugía reconstructiva tiene un papel esencial, permitiendo mayor radicalidad en la exéresis y disminución de las morbilidades funcionales y cosméticas asociadas. El objetivo de este estudio es presentar y evaluar la experiencia y resultados de la Unidad de Microcirugía Reconstructiva del Servicio de Otorrinolaringología de nuestro centro.
Métodos: Estudio retrospectivo de procedimientos realizado entre los años 2006–2012.
Resultados: Un total de 36 casos fueron revisados. El tumour primario se localizó en la mayoría de los casos en orofaringe (58%). En 5 casos se realizó el procedimiento para reconstrucción y cierre de fístulas (4 faringostomas y una fístula traqueoesofágica). El fracaso por necrosis total fue del 16% (6/39). No se produjo mortalidad asociada. Las complicaciones postoperatorias más frecuentes fueron: dehiscencia de sutura en 5 pacientes y faringostoma (fístula) en 5 casos. La radioterapia previa influyó de forma significativa en el aumento de la incidencia global de las complicaciones (P<0,5).
Conclusiones: Actualmente, la cirugía reconstructiva juega un papel fundamental en la cirugía oncológica de cabeza y cuello. El colgajo radial es un método seguro y fiable para la reconstrucción de la mayoría de defectos en la esfera otorrinolaringológica. Asumir este tipo de intervención ofrece una mayor autonomía y seguridad en la cirugía oncológica.
© 2013 Elsevier España, S.L. Todos los derechos reservados.

Introduction

Oncological surgery of advanced head and neck tumours involve mutilations that lead to functional and cosmetic sequelae, along with changes in language and eating. Reconstruction techniques permit wide resections and a decrease in such sequelae, improving the functional and cosmetic repercussions of the surgery performed. In this way, the concept of adapting the reconstruction to the defect, and not the reverse, has been established.

The advances introduced in oncological treatment, especially in conservative protocols or protocols for organ preservation (chemotherapy and radiotherapy), have made it possible to increase the survival of the patient with head and neck cancer, thus creating a specific group of patients. Consequently, we find patients who develop recurrences, second and third cancers in areas marked by severe locoregional toxicity.[1–4] It is in these cases that the surgeon often faces extensive excision on tissues with little life force due to previous surgical and non-surgical treatments. It is here that reconstructive surgery has a key role to play.

Classically, ENT specialists limited themselves to take on reconstructive surgery exclusively in situations that could be solved by using pedicle flaps. Free flaps are currently the reconstructive technique of choice in most of the cases. These flaps are very versatile because they involve highly vascularised tissue, unlimited by an arc of rotation, consisting of light-weight, malleable tissue.

That is why we believe that it is vital for the ENT specialist to have training in this area. It would allow achieving essential autonomy at the time of planning an oncological excision that requires reconstruction. In our specialty, we consider that the radial forearm free flap is ideal for initiation in this type of techniques, given that it is a flap that technically easy to dissect, it is versatile and has extremely low morbidity at the level of the donor area.

Materials and Methods

This was a retrospective study on the reconstructions with microvascular free flaps in the head and neck area performed by physicians in the ENT Service at our centre between 2006 and 2012. We analysed demographic variables (age, sex and comorbidities), type of reconstruction, location, cancer stage and peri- and postoperative complications. Statistical data were calculated using the formula of Fisher test with the SPSS® v.15 statistical programme.

A total of 36 operations were performed; there were 31 men and 5 women, with a mean age of 60 years (range, 43–77 years) (Fig. 1). Tobacco use was present in all of the patients except for 2, and 86% (30 patients) presented moderate-severe alcohol use.

Of the total of patients, 18 had had prior treatment. In 10 of them, this was due to persistence or recurrence of the cancer; of these, 7 had received chemotherapy plus radiotherapy, 2 only surgical treatment and 1 patient received induction chemotherapy. The remaining 8 patients had previously treated head and neck cancer as antecedent; of

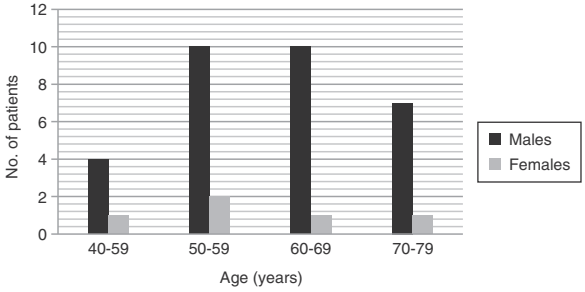

Figure 1 Distribution by sex and age.

Download English Version:

https://daneshyari.com/en/article/4100937

Download Persian Version:

https://daneshyari.com/article/4100937

Daneshyari.com