

游離腸骨皮瓣用於上頷骨癌病患術後之重建

陳威宇 蕭弘道 董光義 黃文成

台北馬偕紀念醫院 外科部 整形外科

Maxillary Reconstruction with Free Iliac Osteocutaneous Flap in Maxillary Cancer Patients

Wei-Yu Chen, Hung-Tao Hsiao, Wen-Cheng Huang

Division of Plastic Surgery, Department of Surgery, Mackay Memorial Hospital

Purpose:

Reconstruction of the mid face for patients who underwent maxillectomy is always a challenging task for a reconstructive surgeon. The usage of a multidisciplinary approach to reconstruct these defects can yield to excellent results. The complexity of the techniques should match the desired goals and needs of each individual patient. Traditional obturation, locoregional flaps, and soft tissue free flaps are often not enough for the maintenance of the unique mid facial contour. Substantial cosmetic and functional consequences play a critical role for the patients' consideration because the lack of bone reconstruction often leads to the ptosis of the facial tissues. We present our experience with the iliac crest free flap for maxillary reconstruction following maxillectomy, focusing on the advantages of this technique and particularly on flap positioning and contour design, which are dependent on defect site and size.

Materials and Methods:

During 2008- 2010 July, we have collected 10 patients who under went unilateral maxillectomy and substantial reconstruction. All flaps were harvested and transposed. All patients were diagnosed as SCC of maxilla.

Results:

All flaps were harvested and transposed. Minor complications included wound dehiscence in 2 cases, no ectropion and no nasal airway obstruction. No major complications or donor site morbidity occurred. No oronasal communication or swallowing impairments developed in any patient. Few of the patients refused the treatment because of financial problems, and some other patients were rehabilitated with a mobile prosthesis.

Conclusions:

In the patients' cosmetic concern, a complex three-dimensional bony shape is required, which can support the orbital floor and provide a functioning preservation. In our cases review, the free iliac crest flap provides a natural bony contour that can be shaped for the defect and can easily articulate with the malar remnant, the nasal bones, and the upper alveolus. Another advantage of the flap is the usage of the internal oblique muscle. The internal oblique muscle effectively closes the oral fistula and lines the nasal cavity when then epithelialized resulting

in a natural appearance for soft tissue defect. The key part of the procedure is in setting of flap, and whether to use vertical or horizontal placement of the flap is the main consideration. Finally, the low rate of donor site morbidity reported in our patients, as in the recent literature, makes this flap even more safe and reliable.