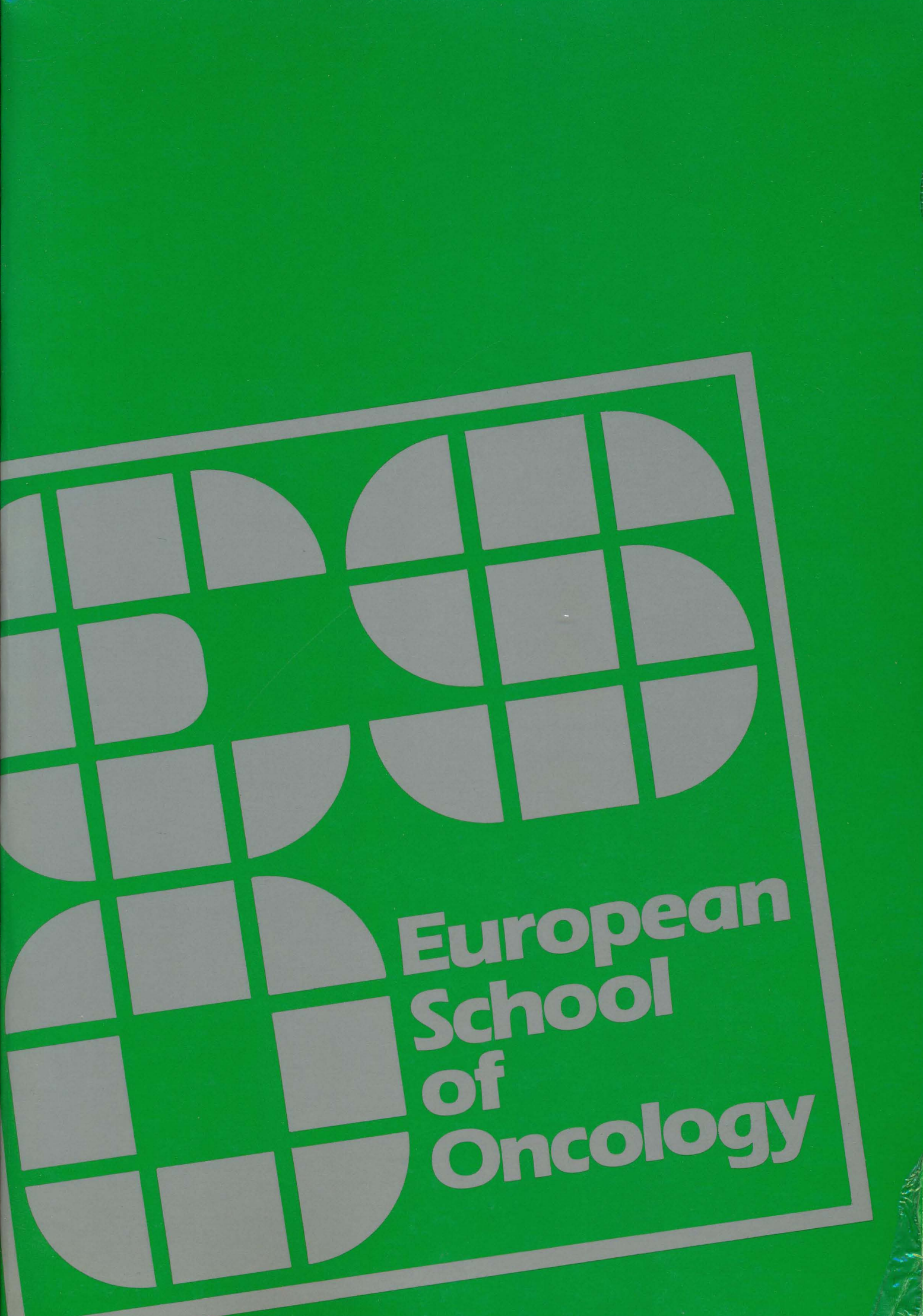
European
School
of
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EUROPEAN SCHOOL OF ONCOLOGY

POSTGRADUATE COURSE ON PLASTIC SURGERY IN ONCOLOGY

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A COMPLICATED CASE OF RECONSTRUCTION OF THE FACE

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Female patient 59 years old: at age 39 excision of a basal cell carcinoma of the nasolabial fold. At age 54 loco-regional recurrence widely excised. Within 2 years re-recurrence: the patient went under radiotherapy which esitated in radionecrosis treated with not defined topical therapies.

On November 1987 the patient came to our department with a big, denstruent and ulcered recurrence, surrounded by radiodermitic tissue. A wide excision of the tumoral mass and macroscopically evident radiodermitic tissue was performed including most of the maxillary bone and hard hemipalate, the inferior alveolar hemiarch, part of the zigomatic bone and all the surrounding soft tissues. The defect was repaired with a miocutaneous flap of pectoralis major muscle covered with a dermo-epidermal free graft. The flap, vital until the 9th day, went under necrosis because of compression of the arterial pedicle due to wrong fixing of the tracheostomy tube, which was tightened too much. A local skin flap was rotated in order to cover that part of the mandible without periosteum. Then, being impossible the utilization of the controlateral pectoralis major muscle because of tracheostomy and antecedent scars, we decided to perform a miocutaneous flap of dorsalis major muscle. The skin island was sculptured reproducing a four tips star shape in order to being able to bend it and to utilize it as inner cover; the arterial pedicle was isolated through intraoperatorial Doppler control; after dissection of the humeral tendon, the flap was transfered through a tunnel in the axillary cavity and under the latero-cervical skin, then positioned and sutured. Subsequent refinement was necessary to reshape the oral commissure and the inferior eyelid.

A videotape documentation lasting about 15 min. is available.