P083

CERVICAL FACIAL AND CANCER SURGERY

Abstract

-Cervico-thoracic flaps are critical tools in reconstructive surgery, management of complex defects in the head, neck, and upper chest re provide robust vascularized tissue coverage for wounds resulting resections,

-We conducted a retrospective study involving 5 patients who underwe facial defects using cervico-thoracic flaps at the ENT department over (2019-2023).

-Our study comprised 5 male patients.

The 1st, 2nd and 3rd patients, aged 80, 88 and 75 respectively, preser tumour mass measuring approximately 5 cm adjacent to the left parotiand the right parotid region in 1 case. All three patients underwent surg tumor with parotidectomy and homolateral functional lymph node diss reconstruction using a cervicothoracic flap.

3rd case: 69 years old. He presented with a 10cm ulcerative-budding parotid region extending up to the temple and causing bulging of th underwent tumor excision with parotidectomy, neck dissection and rec cervico-thoracic flap combined with a pectoralis major flap.

4th case: 70 years old. He presented with a 4cm cheek mass on underwent tumor excision with neck dissection and reconstruction using flap.

-Histopathological examination confirmed squamous cell carcinoma in al

Aim

We aim to evaluate the indications, surgical technique, and outcomes of reconstruction.

Méthods et Materials

- Retrospective study
- 5 patients who underwent repair of various facial defects using cervic flaps at the ENT department over a period of 5 years (2019-2023).

Reconstruction with Cervico-thoracic Flap: Indications and Results

Braham R, Chakroun A, Zitoun O, Methnani A, Dhaha M, Jbali S, Dhambri S, Kedous S

Department of Otolaryngology-Head and Neck Surgery and Cervicofacial Surgery

Salah Azaiez Institute

, particularly in the regions. These flaps on cological	 -5male patients Mean age : 76,4 years Complains : facial swelling in all p <u>1st, 2nd ans 3rd patients</u> Initial physical examination :
rent repair of various r a period of 5 years	budding tumor mass measuring a 2 cases: adjacent to th 1 case : adjacent to the • Treatment (All 3 patients) : - surgical removal of the tumor
ented with a budding	 + homolateral functional lymp - followed by reconstruction : ce
tid region in 2 cases rgical removal of the	*4th case
section, followed by	 Initial physical examination : 10 clining in the right parotid region extending
ng lesion in the right	causing bulging of the inner cheek
the inner cheek. He	 Treatment : Tumor excision + parotidecton
construction using a	+ reconstruction : cervico-thor
n the right side. He	with a pectoralis major flap.
ng a cervico-thoracic	 <u>*5thh case</u> Initial physical examination : A 4c
all patients.	 Treatment : Tumor excision + nec + reconstruction : cervico-thor
	Histopathological analysis : Squar
of cervico-thoracic flap	 The cervico-thoracic flap replication of the certain facial defects in cases reconstruction.
vico-thoracic	Liu F yu, Xu Z fei, Li P, Sun C fu, Li I rotation flaps in head and neck surge Faculty of Health Sciences [Internet] Surgery University of Cape Town. [
1304M4 CONGRES • PARIS - CNIT FOREST	otolaryngology-head-neck-operative-

20 22

Results

patients

- approximately 5 cm. the left parotid region he right parotid region
- + parotidectomy ph node dissection. cervicothoracic flap,
- cm ulcerative-budding lesion ng up to the temple,

my + neck dissection pracic flap combined

- cm right cheek mass.
- eck dissection
- oracic flap

Conclusion

presents a reliable and effective salvage option for managing es where resources or prognosis do not allow for free flap

Refrencess

R wu, Ge S fen, et al. The versatile application of cervicofacial and cervicothoracic gery. World Journal of Surgical Oncology. 23 oct 2011;9(1):135.

t]. [cité 27 avr 2024]. Open Access Atlas of Otolaryngology, Head & Neck Operative Disponible sur: https://health.uct.ac.za/entdev/guides/open-access-atlas-



Figure 1 : The surgical technique of the cervicofacial

- A. Budding tumor mass of the left parotid region
- B. The defect following resection of the tumor.
- C. The flap was raised, and the neck dissection was completed.
- D. The donor site was closed primarily.



Figure 2 : The combination of cervicothoracic rotation flaps and pectoralis major flaps. A. 10cm ulcerative-budding lesion in the right parotid region extending up to the temple. B. The cervicothoracic flap and pectoralis major flap were raised after

mous cell carcinoma (All patients) tumour resection. C. The donor site was closed primarily.

