

Abstract

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

-We conducted a retrospective study involving 5 patients who underwent repair of various facial defects using cervico-thoracic flaps at the ENT department over a period of 5 years (2019-2023).

-Our study comprised 5 male patients.

The 1st, 2nd and 3rd patients, aged 80, 88 and 75 respectively, presented with a budding tumour mass measuring approximately 5 cm adjacent to the left parotid region in 2 cases and the right parotid region in 1 case. All three patients underwent surgical removal of the tumor with parotidectomy and homolateral functional lymph node dissection, followed by reconstruction using a cervicothoracic flap.

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

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

-Histopathological examination confirmed squamous cell carcinoma in all patients.

Aim

- We aim to evaluate the indications, surgical technique, and outcomes of cervico-thoracic flap reconstruction.

Méthods et Materials

- Retrospective study

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

Results

-5male patients

• **Mean age** : 76,4 years

• **Complains** : facial swelling in all patients

• **1st, 2nd ans 3rd patients**

• **Initial physical examination** :

budding tumor mass measuring approximately 5 cm.

2 cases: adjacent to the left parotid region

1 case : adjacent to the right parotid region

• **Treatment** (All 3 patients) :

- surgical removal of the tumor + parotidectomy

+ homolateral functional lymph node dissection.

- followed by reconstruction : cervicothoracic flap,

***4th case**

• **Initial physical examination** : 10 cm ulcerative-budding lesion

in the right parotid region extending up to the temple,

causing bulging of the inner cheek.

• **Treatment** :

Tumor excision + parotidectomy + neck dissection

+ reconstruction : cervico-thoracic flap combined

with a pectoralis major flap.

***5th case**

• **Initial physical examination** : A 4cm right cheek mass.

• **Treatment** : Tumor excision + neck dissection

+ reconstruction : cervico-thoracic flap

Histopathological analysis : Squamous cell carcinoma (All patients)



Figure 1 : The surgical technique of the cervicofacial flap.

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 tumour resection. C. The donor site was closed primarily.

Conclusion

- The cervico-thoracic flap represents a reliable and effective salvage option for managing certain facial defects in cases where resources or prognosis do not allow for free flap reconstruction.

Refrences

Liu F yu, Xu Z fei, Li P, Sun C fu, Li R wu, Ge S fen, et al. The versatile application of cervicofacial and cervicothoracic rotation flaps in head and neck surgery. World Journal of Surgical Oncology. 23 oct 2011;9(1):135.

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