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Reconstruction in head and neck cancer: Role of local flap and free tissue transfer

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Head and neck cancer is one of the most common cancers. It includes oral squamous cell carcinoma, skin tumor, salivary neoplasm and sometime metastasis. Goals for treatment are eradicate the cancer, preserve or restore form and function and minimize the morbidity of treatment. Reconstruction of soft tissue defects after tumor resection is necessary to achieve goal for treatment. Understanding and selection the methods to reconstruct are important. Methods for reconstruction are varies from simple methods such as skin graft, local flaps to advance such as microvascular free tissue transfer. Author will demonstrate how to select the method to reconstruction Head and neck cancer for excellence results. Also, the role for microvascular free tissue transfer and necessary of local flap in advanced disease will be described. The author will present cases of tumor resection and reconstruction such as advanced squamous cell carcinoma involving both upper – lower lips and oral commissure, advanced adenoid cystic carcinoma of lacrimal gland involving orbital content, maxilla, base of skull and case of metastatic osteosarcoma involving skin and subcutaneous of cheek, maxilla, orbit and resection half of his face.

Biography

Chairat Burusapat is plastic surgeon and instructor at Phramongkutklao Hospital and College of Medicine, Bangkok, Thailand. He has done more than 500 cases of head and neck cancer. He has first published the advanced squamous cell carcinoma involving both upper – lower lips and oral commissure and reconstruction with local flap.

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