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Through and through cheek defects: A systematic revue

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Introduction: Reconstruction of through-and-through cheek defects has always been difficult and remains a challenging aspect of facial plastic and reconstructive surgery. This involves two different anatomical and functional epithelial structures: the external face and intraoral lining. Several options have been reported with variable results. No classification has been proposed in the literature for a better comparison of results and better indication of flaps.

Material & Methods: In a first part, we conducted a retrospective study of patients requiring reconstruction to provide both an inner and an outer lining for major full-thickness cheek defects. Data studied were: Epidemiological (age, sex, comorbidity), Clinical preoperative semiology, etiologies (TNM classification), characteristics of the defect, surgical procedures and complications. Then, we carried out a review of the literature of techniques in reconstruction of full-thickness cheek defects. Keyword and/or MeSH search terms were: 1-Cheek through-and-through defect, 2-Oromandibular defect reconstruction, 3-Oral cavity cancer, 4- Free tissue flaps, 5- cheek reconstruction.

Results: From January 2006 to January 2015, 15 patients with through-and-through cheek defects resulting from resection of cheek tumor (93.3%), trauma or osteoradionecrosis underwent reconstruction. The age of patients ranged from 22 to 84 years (mean 59.3 years). There were 10 male and 5 female. Mandibular involvement was found in 8 patients. We reconstructed the cheek by 4 types of flaps: lingual, pectoralis major, latissimus dorsi and the fibula free flap. With the advancement of microsurgery, free flaps have become the first choice for the reconstruction of through-and-through oral and maxillofacial defects.

Discussion: Various surgical options have been described for repair of these conspicuous defects including reconstruction with the pectoralis major flap, radial fore-arm flap, latissimus dorsi flap, and anterolateral thigh flap (ALT). Double flaps have also been used. Individual factors, including patient preference, overall patient health, and characteristics of the defect, will help to define the appropriate surgical approach. Regardless of the method chosen, the optimal result will require correction of both functional and cosmetic abnormalities.

Biography

J Bouguila is Assistant Professor at La Rabta University Hospital, Tunis, Tunisia. He completed Medical Doctor (MD) in Tunis-Tunisia in the year 2007; he completed Diploma of specialist in Maxillo-Facial Surgery at Tunis-Tunisia in year 2008, and Oral Implantology & Academic diploma of Microsurgery at Lyon-France during 2008-2009. He is Specialized Formation Attestation in Plastic and Aesthetic surgery (SFA), Diploma of Facial Plastic and Aesthetic Surgery, Hair transplantation & Orthognathic Surgery at Lyon-France during 2009-2010. He was the French Board of Plastic Reconstructive and Aesthetic Surgery at Paris-France during 2010-2011.

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