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## PMMC with single stage DeltoPectoral (DP) composite flap in huge defects after head and neck surgery: A innovative solution

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**Introduction:** Advanced carcinomas of oral cavity are quite common in our country. Resection of such lesion may result in large complex defects. Reconstruction of such defects could be done by loco Regional Flaps or combination of flaps or alone by free flaps. We describe the technique of a single stage composite PMMC –DeltoPectoral (DP) Flap reconstruction for reconstruction of such defects. Also the technique of DP has been modified so as to avoid detachment of flap later on so as minimize the hospital patient stay.

**Methods:** The patients with locally advanced oral cavity cancer from the period of September 2015 to December 2015 were operated & reconstructed using this technique. Standard techniques used for resection & neck dissection. DP flaps were raised first with the usual technique after which PMMC flaps were raised. PMMC flaps were used for coverage on the mucosal side of the defect and DP flap was used to cover the skin loss and both flaps sutured to each other at the junction. Postoperative outcome and final cosmesis was evaluated.

**Results:** 10 patients were reconstructed using this technique. Nine were males and one was female. 4 patients were with central arch mandible lesion with involvement of chin skin, 5 were RMT and alveolus skin lesions with involvement of cheek skin. One patient was parotid malignancy with skin involvement. Only one patient suffered major flap necrosis. But patient recovered and reconstructed using the same flap. Two patients developed minor orocutaneous fistula which recovered on conservative management. The cosmesis of the patients was good.

**Discussion:** Large complex defects involving both oral cavity and skin poses a unique reconstructive challenge. Although a single free flap or combinations of free flap may represent a better solution, in country like ours such facilities may not be always available. This flap provide inner PMMC in oral lesion & DP provides outer skin coverage. We believe such technique resection has not been described previously in literature. To use both the flaps which are sutured at the junction represents a new answer to difficult question of reconstruction of large defects. Also that solution does not require complex micro vessel anastomosis or significant donor site morbidity. Other options for reconstruction include bipaddle PMMC or forehead flap. Bipaddle PMMC is cumbersome in patient with fatty chests or females. Whereas forehead flap are esthetically not suitable for large defects. Deltopectoral flaps also require second stage surgery for delay/division of flap. We have modified the technique of flap in such a way that edge of flap is sutured to neck dissection wound. This avoids the need for second stage for division of defect. With continuous use of such composite flaps, we plan to refine better technique & modifications to improve outcomes and cosmesis in patients requiring large reconstructions.

### Biography

Jeetendra Paryani is a Sr. Resident in Shatabdi Hospital King George Medical College. He has done his Graduation –MBBS from Government medical college Nagpur and done his Post Graduation - Masters in General surgery in 2014 from B J Medical College, Civil Hospital, Ahmedabad—one of the largest hospitals in Asia Superspeciality- third year senior resident in department of Surgical Oncology in King George 's Medical University (KGMU), Lucknow --one of the largest and renowned Universities of India and largest in Uttar Pradesh.

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