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Further thoughts on the surgical repair of meningocele

Michael F Angel and John J Angel
ENT Institute in Atlanta Georgia, USA

Despite multiple advances, meningocele continues to be a significant source of morbidity. Multiple specialists at tertiary medical centers are involved in the treatment. Five years ago a retrospective study of the experience at the University of Mississippi was reported and it was one of the largest series in the last several decades. It addresses many issues in the surgical management of this problem in concert with neurosurgery. In the current update, a literature search of subsequent studies was conducted (N=12). Analyzing our study and others, several conclusions are reached: (1) Surgical management is affected by the size and location of the pathology; (2) Fasciocutaneous flaps are effective and efficient; (3) Successful closure of defects results in early discharge from the hospital (~14 days POD); and (4) Use of gluteus flaps, although they are sometimes needed, results in longer hospitalization. Our study is unique for several reasons besides its size. Our design of faciocutaneous flaps is standard and elevation is simple. It is quick with minimal blood loss. It negates the need for skin grafts even in the largest defects. Our utilization of paraspinous flaps and fasciocutaneous with deep epithelialization allows closure without the morbidity of gluteus flaps. Surgical treatments are described and contrasted to techniques in the recent literature.

Biography

Michael F Angel is double boarded in Plastic Surgery and Otolaryngology. He has been involved in various basic science projects, primarily involving ischemia and free radical mechanisms in skin, muscles and nerves. He has many clinical interests and has written on areas ranging from meningocele, breast reduction and wound healing, to nerve compression. He is currently working at the.

mangel@me.com

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