

腓骨游離皮瓣於下顎骨重建手術之創新設計
胡桂嘉 張世幸 游家孟 董光義 黃文成 杜隆成 蔡明峰 姚文騰
財團法人馬偕紀念醫院 整形外科

Oro-mandibular reconstruction with FFF - A different thinking of skin paddle inset

Kuei-Chia Hu, Shih-Hsin Chang, Chia-Meng Yu, Kwang-Yi Tung, Wen-Chen Huang,
Lung-Chen Tu, Ming-Feng Tsai, Wen-teng Yao
Department of plastic and reconstructive surgery,
Mackay Memorial Hospital

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Purpose:

Reconstruction of the oromandibular region defects is complex and challenging with regard to both functional and aesthetic outcomes. The ideal reconstruction should mimic the missing tissue with regard to geometry and tissue character. The free fibula osteocutaneous flap is widely considered the standard treatment for mandible reconstruction. The purpose of this study was to investigate the outcomes for the use of the different skin flap inset technique (including periosteal stripping technique) of fibular osteocutaneous flap in oromandibular defects with very thin facial skin flap.

Materials and Methods:

From 2012 to 2015, 12 patients with oral squamous cell carcinoma were underwent reconstruction of oromandibular compound defects using a modified fibula osteoseptocutaneous flap at Mackay Memorial Hospital. The outcome was compared in the rate of osteoradionecrosis, plate exposure, trismus, donor site morbidity and the immediate operative complication rate.

Results:

A mean of 1.8 perforators was included in the skin paddles and the mean skin paddle size was 87 cm² (Range: 64~108 cm²). A mean of 1.7 fibula segments were used in mandible reconstruction, and the mean fibula length was 8.6 cm (Range: 7~10 cm). There's no vein grafts were used. All flaps were survived without re-explored. Partial skin paddle failure developed in 1 patients (8.3%) and required debridement and repair. Partial facial skin flap necrosis developed in 3 patients (25%) and all healed after secondary repair. In our study of 12 patients, the mean follow-up was 15.5 months (Range: 6~30 months). The aesthetic results were judged subjectively excellent in 7 patients, good in 3 patients, fair in 1 patient, and poor in 1 patient. The donor sites healed satisfactorily in all.

Conclusion:

The fibula osteoseptocutaneous flap is a reliable and versatile flap. The use of the different skin flap inset technique of fibular osteocutaneous flap in compound oromandibular defects with very thin facial skin flap is recommended.