

以雙葉型腓骨自由皮瓣重建複合型口腔下頷骨缺陷:十五個病例回顧
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**Reconstruction of oncological composite oromandibular defects with double-skin
paddle fibula free flap: A review of 15 cases**

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Purpose:

The double-skin paddle fibula free flap is the choice flap for reconstruction of composite oromandibular intraoral and extraoral defects. This study was to analyze our experiences of using double-skin paddle free fibula flap to reconstruct composite oromandibular defects and clinical outcomes.

Materials and Methods:

Between August 2009 and June 2018, a total of 15 double-skin paddle fibula free flap procedures were performed on 14 patients after tumor ablative surgery at our hospital (13 men and 1 woman, mean age 59.9 ± 9.5 years). A retrospective chart review was drawn up to describe the size of skin flap, the type of extraoral, intraoral and mandibular defects, and postoperative complications.

Results:

The average skin flap area is 128.9cm^2 (range: 60 to 225cm^2). The average bone defect is 6.4cm (range: 6 to 9cm). As for the number of vascular anastomoses, 8 patients (53.3%) received one artery and one vein (1A1V) anastomoses, 5 patients (33.3%) received 1A2V anastomoses, and one patient (6.7%) received 2A1V anastomoses. All free flaps were survived. Regarding postoperative complications, 3 patients (20%) developed marginal flap necrosis and received debridement surgery; one patient (6.7%) rechecked bleeding at operation room; 2 patients (13.3%) underwent debridement due to donor site wound poor healing. The average length of stay is 30.7 ± 11.1 days.

Conclusion:

Double-skin paddle fibula free flap is a safe and reliable method for reconstruction of composite oromandibular defects.

