

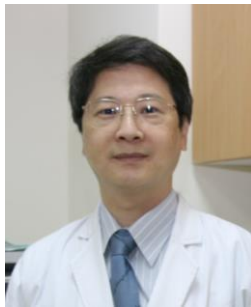


# 제 56차 대한악안면성형재건외과학회 종합학술대회 및 정기총회

The 56<sup>th</sup> Congress of the Korean Association of  
Maxillofacial Plastic and Reconstructive Surgeons  
November 3(Fri) – 4(Sat), 2017 | Global Convention Plaza, Seoul



## Symposium 1



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National Yang Ming Medical College July 1981 – June 1987
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Head and Neck unit, Poole Hospital NHS  
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## **Reconstruction of Maxillary regions utilizing free flaps - Experience review**

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Maxillectomy is commonly performed in conjunction with tumor ablation surgery. Different kinds of maxillectomy may cause different types of maxillary defects. Traditionally, maxillary defects can be corrected by obturator, dental or facial prosthesis, and even pedicle flap is another option. However, over the past 20 years, free flap reconstruction for head and neck region has become popular. Traditional methods for the reconstruction of maxillary defects are gradually being challenged by free flap reconstruction, especially for large areas and complicated conditions. The reasons for this include avoiding ill-fitting prosthesis due to severe post-op radiotherapy scar contraction, and overcoming the psychological hurdles of having prosthesis in young patients.

We reviewed our cases between February 2001 and February 2017. In total there were 616 free flap transfers, and among these, 536 flaps were for oral cancer patients. There were 138 free flaps related to maxillectomy. We found there were two reasons for maxillectomy, one was due to tumor from maxilla region itself and another for gaining surgical margin. The maxillectomy on 31 patients with tumor from maxilla region resulted in defects such as IB, IIB, IIIB, IIC and IID (James Brown classification). The maxillectomy for achieving adequate safe margin on 107 patients with tumor over other regions resulted in defects IB and IIB. According to the flaps utilized we classified these reconstructions into 5 groups: Group 1, Radial forearm free flap (RFFF); Group 2, Anterior lateral thigh free flap (ALTFF); Group 3, Fibula free flap (FFF); Group 4, *Latissimus dorsi* free flap (LDFF); Group 5, Scapula with *Latissimus dorsi* free flap (Scapula + LDFF).

The goal for maxillary reconstruction is to achieve good: oral-pharyngeal seal, separation from nasal and sinus cavity, and support for upper lip. Free flaps for different types of maxillary defects were clearly shown to provide appropriate aesthetics and oral function.