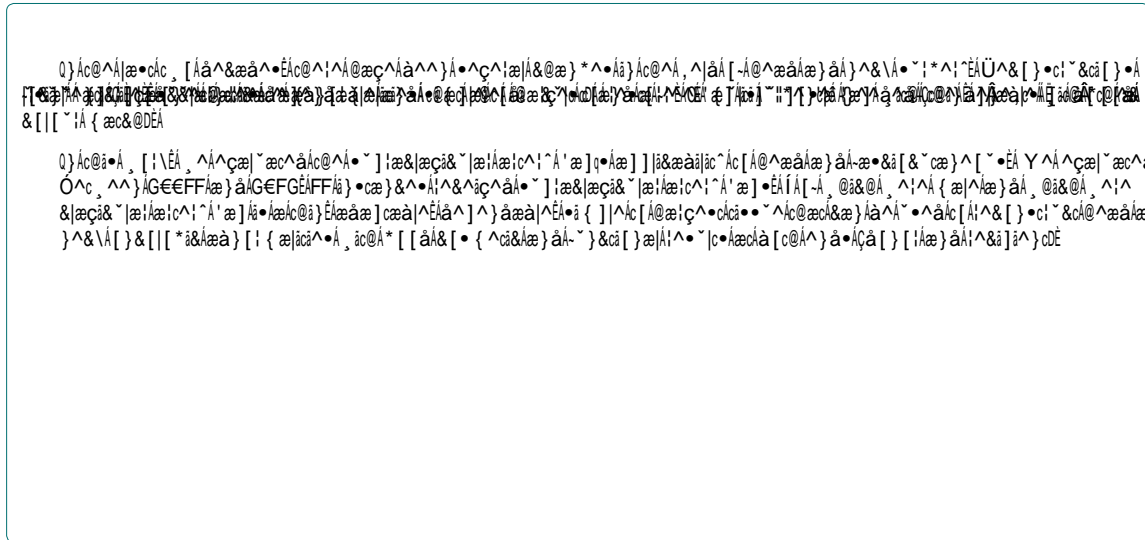




Reconstructive Surgery for Patients with Head and Neck Cancer

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Keywords: Reconstructive surgery; Neck dissection; Head and neck cancer surgery; Squamous cell carcinoma; pulmonary thromboembolism.

Introduction

Complex deformities from head and neck oncologic resections are

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auricular skin reconstruction following temporal bone and 1 cheek defect post oral cancer) [5].

Among the most challenging and contentious aspects of head and neck oncologic reconstruction is the management of mid-facial abnormalities. Prosthetic obturators, pedicled flaps, and free flaps are available options. Grafts or alloplasts may also be used occasionally. Due to their restricted volume and reach, pedicled flaps have lost some of their prior attractiveness. For certain patients with minor abnormalities, prosthetic obturators continue to be an excellent option. Obturators may be difficult or impossible to retain for extensive defects, especially in edentulous patients. Obturators are also not ideal for deformities that need resection of the soft tissues of the face, orbital contents, or orbital floor. In addition, some patients might not like the bother of having to constantly remove, clean, and replace their obturators for food and/or hygiene reasons [6].

The most effective method for mid-facial reconstructions using different bony and soft tissue free flaps has been documented, yet there is still disagreement about it. The fact that the defects left behind by oncologic excision are so diverse is one of the main issues with reconstructing the mid-face. In addition to the maxillary bones, these anomalies frequently affect the soft tissues of the face, palate, and orbit, as well as a number of other facial and cranial bones. An understanding of the requirements for prosthetic rehabilitation, which is used not only in place of reconstruction in some cases but also frequently in conjunction with local and distant tissue transfer procedures, is necessary for successful outcomes in mid-facial reconstruction. This is in addition to mastering a wide range of reconstructive flaps and craniofacial plating techniques [7].

Discussion

The first person to depict and label the vessel arterial cervical is superficialis, which began as a branch of the thyrocervical trunk, was

Conflict of Interests

None

Acknowledgement

None

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