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Reconstructive Surgery for Patients with Head and Neck Cancer

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In the last two decades, there have been several changes in the ýeld of head and neck surgery. Reconstructions [illegible] sng m ž colour match).

In this work, we evaluated the supraclavicular artery þapîs applicability to head and fasciocutaneous. We evaluated the risks associated Between 20011 and 2012, 11 instances received supraclavicular artery þaps, 5 of which were male and which were ? maltwe н . ` an ^ clavicular artery þap is a thin, adaptable, dependable, simple to harvest tissue that can be used to reconstruct head and neck oncologic abnormalities with good cosmetic and functional results at both ends (donor and recipient).

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 aps, and free aps are available options. Gra s or alloplasts may also be used occasionally. Due to their restricted volume and reach, pedicled aps have lost some of their prior attractiveness. For certain patients with minor abnormalities, prosthetic obturators continue to be an excellent option. Obturators may be di cult or impossible to retain for extensive defects, especially in edentulous patients. Obturators are also not ideal for deformities that need resection of the so tissues of the face, orbital contents, or orbital oor nally, some patients might not like the bother of having to constantly remove, clean, and replace their obturators for t and/or hygiene reasons [6].

e most e ective method for mid-facial reconstructions using di erent bony and so tissue free aps has been documented, yet there is still disagreement about it. e fact that the defects le 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 a ect the so 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. is is in addition to mastering a wide range of reconstructive aps and craniofacial plating techniques [7].

Discussion

e rst person to depict and label the vessel arterial cervical is super cialis, which began as a branch of the thyrocervical trunk, was

Conflict of Interests

None

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