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Islanded pedicled nasolabial flap in head and neck reconstruction

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Statement of the problem: Reconstruction of head neck cancer ablative defects is challenging. The primary aims of reconstruction are to maintain or recreate functionality with acceptable cosmetic outcomes. Free flaps are the preferred reconstructive armamentarium in most centers although they have certain limitations. Local flaps provide a good reconstructive alternative in select situations. Random nasolabial flap (NLF) has been in common use for oral cancer ablative defect reconstruction. A modification of the nasolabial flap (islanded pedicled nasolabial flap-ipNLF) is an easy and reliable option for reconstruction of small to medium sized defects of the head and neck.

Methodology: We present the retrospective analysis of 27 consecutive patients reconstructed with ipNLF at two high volume Indian cancer centers. The functional outcomes measured were duration of weaning of feeding and tracheotomy tubes and speech assessment [speech intelligible rating score (SIR)] post surgery. Complications assessed were flap loss, oro-cutaneous fistula, donor site wound dehiscence, oral incompetence and angle of mouth deviation.

Findings: Most common ablative defect was of the oral cavity (22 patients) followed by oropharynx (4 patients) and hypopharynx (1 patient). The mean operating time for flap harvesting and inseting was 57.7 minutes. The mean durations for post operative feeding tube and tracheotomy removal were 10 and 5 days respectively. Twenty four subjects had SIR scores of I or II. None of the subjects had flap loss, oro cutaneous fistula or donor site wound dehiscence. Twenty five subjects had no oral incompetence and 26 had no or minimal angle of mouth deviation.

Conclusion: This is the largest series of ipNLF till date and emphasizes on the versatility, reliability, reproducibility and excellent functional and acceptable cosmetic outcomes of this flap for reconstruction of judiciously chosen head and neck ablative defects.

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