evaluation. Morphological evaluation was based on patient and family comments. The patients were also asked to state their satisfaction and complaints. The surgical results were evaluated as being excellent, good, fair, poor, or other according to our criteria:

RESULTS: There were 95 patients. Left ptosis was present in 43 patients and right ptosis in 52 patients. Mean age at the time of operation was 4.8 years (range 3.5–7.4 years). The follow-up period was 10 to 12 years. Fifty-eight patients had laterality, for whom preoperative and postoperative vision results were recorded. Evaluation of the log MAR ratio of the affected side showed improvements in visual acuity (mean ± S.D.: preoperatively 0.25±0.161, postoperatively 0.085±0.120, p < 0.001). The postoperative MRD ratio of the affected eye was significantly improved compared to that before surgery (preoperatively 0.021±0.0135, postoperatively 0.611±0.0131, p < 0.001), but it did not reach the value of the MRD ratio of the unaffected eye (preoperatively 0.704±0.0418, postoperatively 0.663±0.0430).

No clinically significant difference in postoperative PFH was seen when comparing the affected side and unaffected side as a ratio (preoperatively 0.367±0.258, postoperatively 0.925±0.171). Of 95 patients with unilateral ptosis, the surgical results were excellent in 62, good in 14, fair in 12, poor in 3, and other in 4 patients. Patient dissatisfaction resulted from various outcomes, including trichiasis, large differences in the left-right visual acuity, and strabismus. No major complications occurred. Aesthetic and functional results were good, with a patient satisfaction rating of 80%. Secondary surgery was performed in 17 of 19 patients with an unfavorable outcome.

CONCLUSION: Based on our evaluation, our surgical procedure appears useful for patients with unilateral congenital ptosis. Moreover, blephaloptosis surgery is useful for improving visual acuity. We report this surgical procedure and discuss the long-term results.

Revisiting the Free Scapula Flap for Reconstruction of Extensive Maxillary Defects

Presenter: Stefanos Boukovalas, MD

Co-Authors: Patrick B. Garvey, MD; Rene D. Largo, MD

Affiliation: University of Texas Medical Branch, Galveston, TX

INTRODUCTION: Oncologic resections in the maxillary region often require advanced reconstruction of soft tissue and bone defects. The free fibula osteocutaneous flap remains the workhorse flap, however, in extensive defects, additional soft tissue flaps may be required, resulting in increased morbidity. We present the outcomes for maxillectomy patients reconstructed with a single, chimeric osteomyocutaneous free scapula flap, utilizing CAD/CAM technology.

METHODS: Patients who underwent maxillary reconstruction with free scapula flap at MD Anderson Cancer Center from January to December 2017. Patient demographics, type and extent of defect, surgical technique, intraoperative and postoperative events were recorded. A new approach in the design of the free scapula flap is introduced, by adding chimeric elements based on the thoracodorsal artery, harvesting the osseous component off the circumflex scapular artery (CSA) and utilizing CAD/CAM technology.

RESULTS: 5 patients were included. Average operative time was 663 minutes (range 321–1137) and average ischemia time 122 minutes (range 50–212). The scapula flap was designed based off the subscapular (n=1), thoracodorsal (n=3) or circumflex scapular artery (CSA) (n=1). The dominant pedicle for the osseous component was the CSA (n=2) or angular artery (n=3). CAD/CAM utilization required no intraoperative adjustments or additional osteotomies. Long-term outcomes were assessed using DASH questionnaires and VAS scores.

CONCLUSION: We suggest considering reconstruction with single, chimeric osteomyocutaneous free scapula flap in patients with large maxillary defects involving the palate and/or the orbit, elderly patients requiring early postoperative mobilization or when other options are unavailable. CAD/CAM may decrease operating time, optimize preoperative planning and accuracy of reconstruction and improve patient outcomes.

Analysis of 30 Day Mortality after Free Flap Reconstructions for Head and Neck Cancer Patients: A Propensity-Score Matched Analysis of a Nationwide, Population-Based Cohort Study

Presenter: Tony Chieh-Ting Huang, MD, MSc
Co-Authors: En-Wei Liu, MD; Oscar J. Manrique, MD; Hsu-Tang Cheng, MD

Affiliation: Mayo Clinic, Rochester, MN

INTRODUCTION: Thirty-day postoperative mortality is the principal index for assessing operative outcomes, and has been infrequently examined in reconstructive microsurgery for head and neck cancer (HNC) patients. The aims of this study were to determine the incidence, associated pre-operative comorbidities, and postoperative complications in this group of patients.

METHODS: A nationwide cohort study using Taiwan’s National Health Insurance (NHI) Research Database was conducted for HNC patients who underwent free flap reconstructions between January 1998 and December 2010. A retrospective analysis of 16325 free flap procedures was performed and 30-day postoperative fatal cases were identified. Each case of patient mortality was randomly matched with 10 patients without 30-day mortality, allowing logistic regression to be calculated by propensity-score matching.

RESULTS: The 30-day postoperative mortality rate was 0.48% (79 out of 16325 patients). It was significantly correlated with increased age per one year (aOR: 1.06; 95% CI: 1.04 to 1.09), chronic renal failure (aOR: 5.23; 95% CI: 2.22 to 12.3) and ischemic heart disease (aOR: 1.82; 95% CI: 1.03 to 3.22). Associated postoperative complications were acute renal failure (aOR: 35.9; 95% CI: 11.7 to 110.4), acute myocardial infarction (aOR: 18.6; 95% CI: 4.91 to 70.4), stroke (aOR: 5.41; 95% CI: 3.32 to 8.81), pneumonia (aOR: 3.86: 95% CI:1.91 to 7.82), and septicemia (aOR: 2.45; 95% CI: 1.40 to 4.27).

CONCLUSION: In our population study, HNC free flap reconstruction was associated with a low mortality. Careful pre-operative counselling and patient selection should be undertaken for elderly patients, with chronic kidney and ischemic heart diseases in order to avoid complications.

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Mucosal Facial Perforosome: An Ideal Flap Donor Site for Oral Cavity and Oropharynx Reconstruction?

Presenter: Olindo Massarelli, MD, PhD, FEBOMFS

Affiliation: University of Sassari, Sassari

BACKGROUND: Oropharyngeal reconstruction after ablative surgery is a difficult challenge. Sensory recovery of the oral cavity and oropharyngeal mucosa should be one of the primary aims of reconstructive surgery in patients with post-traumatic or post-ablative defects. Mucosal sensitivity plays a key role in vital functions such as chewing, swallowing and speech, which impairment strongly affects the patient’s QoL. The ideal reconstruction should be accomplished with the same or similar type of tissue as the original one. Buccinator myomucosal flaps, based either on the facial or buccal artery, seem to conform to this premise, because they carry a thin, mobile, well vascularized, and sensitive tissue, like the one excised or lost.

MATERIALS AND METHODS: In an experience of over 150 buccinator myomucosal flaps, a retrospective study on 23 patients, who underwent total or sub-total soft palate reconstructions with Facial Artery Myo Mucosal Island Flaps (FAMMIF) between 2008 and 2016, has been performed. We reviewed flaps type and size, harvesting time and postoperative complications. Patients underwent a standardized test assessing sensitivity recovery, deglutition, quality of life and donor site morbidity, at least 6 months after surgery or the end of adjuvant therapy, if performed.

RESULTS: All the flaps, raised on mucosal facial perforosome, were transposed successfully. Only minor donor - or recipient site complications occurred. Sensitivity assessment showed that touch, two-point and pain sensations were recovered in all of the patients. Significant differences, between the flap and the native mucosa, were reported for tactile (p=0.004), pain (p=0.001) and two-point (p=0.001) thresholds. Average deglutition score reported was 6.1/7 with only minimal deglutition complaints. Quality of life assessment showed high physical (24.6/28), social (25/28), emotional (19.1/24) and functional (24.6/28) scores.