treatment, comorbidities, and anticoagulation use were also retrieved. Free flap reconstruction twice, or free flap and pedicle flap reconstructions during the same hospitalization was recorded as free flap failure. Logistic regression was used to identify factors that increased risk of free flap failure.

RESULTS: A total of 21,548 patients with head and neck cancer were identified; 883 (4.1%) experienced free flap failure. Use of aspirin, clopidogrel, urokinase, prostaglandin (PGE1), low-molecular-weight heparin (LMWH), and operation time significantly increased the risk of free flap failure. However, some potential confounders could not be identified from the database.

CONCLUSION: Several statistically significant findings were prone to influence by potential confounders. The only interpretable and clinically applicable result was that longer operation time and preoperative chemotherapy significantly increased the likelihood of free flap failure.

TCAP Flap for Faciocervical Reconstruction: Our Experiences and Innovations

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OBJECTIVE: To explore the application of transverse cervical artery perforator (TCAP) flap for the reconstruction of face and neck.

METHODS: In this study, 39 cases with the deformities on face and neck were treated using transverse cervical artery perforator flap or pre-expanded ones since May 2008. The size of the flap ranged from 5cm×8cm to 14cm×22cm. The donor sites were closed directly in the above 35 patients with expander or reconstructed by split skin grafting in 4 patients with no expander.

RESULTS: The flaps in 39 patients were transferred to the defects with free-tension and no flap loss. Through a mean time of 6 months follow-up, all the patients were satisfied with recipient function and appearance. The color and the texture matched well with the recipient area.

CONCLUSION: The transverse cervical artery perforator flap can be considered one of the best options for faciocervical reconstruction with excellent result on the recipient site and only less obvious line-shape scar on the donor site after sutured directly.

Evaluation of Long-Term Functional and Aesthetic Results to use a Single Rhomboid-Shaped Fascial Strip for Severe Congenital Unilateral Blepharoptosis

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BACKGROUND: Surgery for congenital blepharoptosis is often performed at about 4–5 years of age. Long-term follow-up is important during facial growth. We performed frontal suspension using a single rhomboid-shaped autogenous fascial strip. We conducted a long-term evaluation of severe congenital unilateral blepharoptosis patients.

PATIENTS AND METHODS: 334 patients with congenital blepharoptosis underwent primary surgery in our department between 1994 and 2006. Of these, 192 patients had unilateral congenital blepharoptosis with levator function of 3 mm or less on the affected side. All patients received consultation with a pediatric ophthalmologist and were referred to our department. All patients had normal corneal sensation and the normal Bell phenomenon. Patients with blepharophimosis syndrome were excluded from this study, as were those without photographs and examinations for at least 10 years.

The functional evaluation included the measurement of visual acuity (log MAR), palpebral fissure height (PFH), and marginal reflex distance (MRD) on photographs to compare both eyes preoperatively and postoperatively. Visual acuity was evaluated for patients with laterality. PFH was assessed as the ratio of the right and left eyes, and the ratio of MRD1 and 2 (= MRD ratio) was used in the