CONCLUSION: The face consists of six major aesthetic units. Cheek is one of them and it is comprised of medial, zygomatic, lateral and buccal subunits. In our study, we mostly reconstructed the medial subunit of the cheek and we believe that V-Y advancement results in more aesthetically appealing scar by reconstructing the subunit with alike tissue. Especially for larger defects of medial cheek or combined defects of cheek and other regions (such as nasal sidewall, lower eyelid, etc), V-Y closure should be preferred over propeller flap. Free style facial perforator flaps are highly reliable flaps with wide range of motion. In addition, they provide single stage closure with aesthetic subunit reconstruction. With the current knowledge of reconstruction and skills of microsurgery, they can be easily the first choice for the closure of mid-facial defects.

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OBJECTIVE: The purpose of this study is to report the motor functional outcomes and sensory recovery of patients who had undergone total or subtotal glossectomy for oral carcinomas, reconstructed with chimeric anterolateral thigh (ALT) flaps.

METHODS: Five patients (all men), with a mean age of 49.5 years (range, 36–73 years) were included in the study. All patients were treated with chimeric ALT, including the vastus lateralis muscle with its motor nerve, and skin paddle with its innervating nerve. All patients underwent functional tests involving sensory recovery, intelligibility, and swallowing.

RESULTS: Mean follow-up was 26.6 months (12 months-5 years). The flaps were successful in all 5 patients. The donor site was closed primarily, and no complications were seen in the follow-up period. Normal extension of the knee joint and no evidence of lateral patella instability occurred. Speech intelligibility was good in 3 patients and acceptable in 2. Deglutition scores were 6 in 2 patients, 5 in 2, and 4 in 1. All sensory tests were satisfactory in all parameters.

CONCLUSION: The results of this reconstructive option were satisfactory in terms of motor function and sensitive assessment of the neotongue. This technique is strongly recommended for patients with total or subtotal glossectomy.

ALT Flap with Motor and Sensorial Innervation for Functional Reconstruction of the Tongue

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Risk of Free Flap Failure in Head and Neck Reconstruction - Analysis of 21,548 Cases From A Nationwide Database

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BACKGROUND: Head and neck reconstruction is complicated, and is made even more challenging by free flap failure. We identified risk factors associated with free flap failure in records extracted from a nationwide database of a 23 million population.

METHODS: We used ICD-9 (International Classification of Diseases, Ninth Revision) codes 140–149 and 161 to identify patients in Taiwan’s National Health Insurance Research Database (NHIRD) with head and neck cancer between 2000 to 2013. Patient age, gender, neoadjuvant