

"RADIAL FOREARM FASCIOCUTANEOUS FREE FLAP VS THINNED ANTEROLATERAL THIGH COUTANEOUS FREE FLAP IN ORAL AND OROPHARYNGEAL RECONSTRUCTION"

Valerio Damiani - A.Loreti, C.Viti, F.M.Passali, A.Camaioni

Background: Oncological surgery of the oral region should allow a complete resection of the tumor with a minimal morbidity, but it must also take care of preserving the function, reconstructing adequately the region. Microvascular free flaps have been in clinical use for nearly three decades becoming the gold standard in oral reconstruction. The thickness and volume of the free flap can be easily adjusted for the extent of the defect with a high rate of flap survival. We compare the radial forearm fasciocutaneous free flap (RFFF) with the thinned anterolateral thigh cutaneous free flap (tALT flap) showing the advantage of the tALT flap in oral reconstruction.

Methods: Between January 2003 and January 2007, we performed 48 reconstructions in patients surgically treated for oral and oropharyngeal carcinoma using in 17 cases a radial forearm fasciocutaneous free flap (RFFF) and in 31 a thinned anterolateral thigh cutaneous free flap (tALT).

Results. In patients treated with RFFF we obtained a 94,1 % of flap survival; in cases treated with tALT flap we had a 93.5 % of success ($p=0.9$).

Functional results at receiving site were comparable in both groups. Functional results at donor site were worse in the RFFF group, with forearm movement impairment in 35.3 % of cases.

Conclusions: In our experience, thinned ALT flap is comparable to RFFF in term of functional results at receiving site, but, having no limitation in availability of donor tissue, it allows a more extended resection of the tumor. Moreover, the donor site can be closed primarily with only an inconspicuous curvilinear scar left over the thigh and with a significantly reduced functional impairment.