

Local and Regional Flaps of the Head and Neck: An Issue of Oral and Maxillofacial Surgery Clinics of North America

Local and regional flaps are essential tools in the armamentarium of surgeons who perform reconstructive surgery of the head and neck. These flaps offer a variety of advantages over other reconstructive techniques, including:

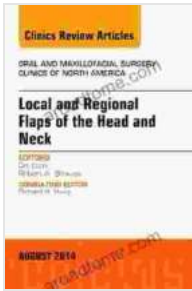
- They can be harvested with minimal donor site morbidity.
- They provide a well-vascularized and pliable tissue that can be used to reconstruct a variety of defects.
- They can be used to match the color and texture of the surrounding tissue.

In this article, we will provide a comprehensive overview of local and regional flaps of the head and neck. We will discuss the anatomical considerations, flap design, and techniques, as well as case studies and clinical applications.

The head and neck is a complex anatomical region with a variety of different tissues and structures. When designing a local or regional flap, it is important to consider the following anatomical factors:

Local and Regional Flaps of the Head and Neck, An Issue of Oral and Maxillofacial Clinics of North America (The Clinics: Surgery)

★★★★★ 5 out of 5



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Enhanced typesetting	: Enabled
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- The location and size of the defect
- The vascular supply to the area
- The innervation of the area
- The mobility of the surrounding tissue

The design of a local or regional flap is critical to its success. The flap should be designed to:

- Provide adequate coverage of the defect
- Minimize donor site morbidity
- Match the color and texture of the surrounding tissue
- Allow for proper drainage

There are a variety of different techniques that can be used to harvest and inset a local or regional flap. The choice of technique will depend on the size and location of the flap, as well as the surgeon's preference.

Some of the most common flap techniques include:

- **Advancement flaps** are flaps that are harvested from adjacent tissue and advanced into the defect.
- **Rotation flaps** are flaps that are harvested from adjacent tissue and rotated into the defect.
- **Transposition flaps** are flaps that are harvested from a distant site and transposed into the defect.
- **Free flaps** are flaps that are harvested from a distant site and transferred to the defect using microsurgical techniques.

The following are a few case studies that illustrate the use of local and regional flaps in the reconstruction of head and neck defects.

Case 1

A 65-year-old man with a squamous cell carcinoma of the cheek underwent a wide excision of the tumor. The defect was reconstructed using a pectoralis major myocutaneous flap. The flap was harvested from the chest and transferred to the head and neck using microsurgical techniques. The patient recovered well and the flap healed without any complications.

Case 2

A 45-year-old woman with a basal cell carcinoma of the nose underwent a Mohs micrographic surgery excision of the tumor. The defect was reconstructed using a nasolabial flap. The flap was harvested from the upper lip and advanced into the defect. The patient recovered well and the flap healed without any complications.

Case 3

A 30-year-old man with a traumatic injury to the face underwent a wide excision of the devitalized tissue. The defect was reconstructed using a free fibula flap. The flap was harvested from the leg and transferred to the face using microsurgical techniques. The patient recovered well and the flap healed without any complications.

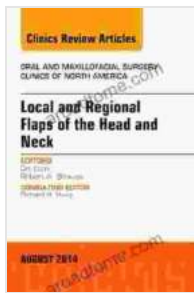
Local and regional flaps can be used to reconstruct a variety of head and neck defects, including:

- Defects of the skin and soft tissue
- Defects of the bone and cartilage
- Defects of the nerves and vessels

Local and regional flaps are also used in a variety of other surgical procedures, such as:

- Facial rejuvenation surgery
- Breast reconstruction surgery
- Genitourinary reconstruction surgery

Local and regional flaps are a versatile and effective tool for the reconstruction of head and neck defects. By understanding the anatomical considerations, flap design, and techniques, surgeons can achieve excellent results with minimal donor site morbidity.



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