

No. 7.

유리 비골 전이술을 이용한 하악골 재건술

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산업화, 교통사고 및 종양의 증가로 인하여 두건부의 골결손을 동반한 광범위한 연부조직 결손을 치유하기 위하여 유리골 전이술의 요구가 증가되고 있다.

하악골의 재건술은 제1차 대전과 2차 대전을 겪으면서 급격히 발달하였으며 1970년대에 미세수술의 발달로 인하여 유리골 전이술이 시행되다가 1988년에는 D. Hidalgo에 의하여 처음으로 유리 비골 전이술이 소개되었다.

특히 유리 비골 전이술은 첫째로 25cm 이상의 충분한 길이를 가지고 하악골을 재건할 수 있으며 둘째로 광범위한 연부조직 결손을 회복할 수 있고 셋째로 공여부의 이병률(mortality)이 낮으며 넷째로 하악골의 윤곽선을 만들기가 쉬워서 미용학적인 장점이 있고, 마지막으로 골의 생착률(viability)이 좋다는 장점을 가지고 있기 때문에 현재 하악골 재건술에 아주 유용한 방법이라 할 수 있다.

구강내 악성종양 환자에서 악골의 골막 변화를 일으키거나, 하악골을 침윤한 경우에는 연부조직 이식술로 하악과 구간 또는 안면부 연부조직을 재건하였는데, 본 교실에서는 총 16명의 구강내 편평상피암(squamous cell carcinoma) 환자를 COMMANDO 수술후 유리 비골 전이술을 시행하여 좋은 결과를 얻었기에 문헌고찰과 함께 보고하는 바이다.

No. 8.

족배부 유리 피판술에 의한 상구순 재건술

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구순은 피부, 근층, 젖은 점막으로 구성되어 있으면서 표정, 언어, 영양섭취를 위해 없어서는 안될 중요한 구조물로 촉감을 갖고 있고, 침과 음식을 흘리지 않게 하고 구순음을 만들고, 구강의 팽약기능을 한다. 따라서 결손과 변형이 있으면 기능과 외양을 위해 재건해 주어야 한다.

구순을 재건하기 위해서는 결손된 부위, 결손된 크기, 결손된 상태, 환자의 연령에 따라 적합한 재건방법을 선택해야 한다. 또한 정상 구순이 갖고 있는 해부학적 지표를 만들어 줄 수 있고, 구순과 구순교련간의 균형을 이룩해 줄 수 있는 재건 방법을 선택해야 한다. 특히 상구순 재건시 큐피드의 활모양의 상구순 윤곽이 잘 유지되도록 하여야 한다. 지금까지 다양한 재건 방법들이 시도되어져 왔으며 국소조직을 이용할 수 없는 부득이한 경우에 한해서 원격피판으로 재건해 준다.

본 교실에서는 상구순 결손을 주소로 내원한 51세 여자 환자에서 족배부 유리피판술 및 점막 이식술을 시행하여 만족할 만한 결과를 얻었기에 문헌고찰과 함께 보고하는 바이다.

No. 7.

Fibular Free Flap Mandibular Reconstruction

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The need for reconstruction of large bone, soft tissue defect of mandible has greater emphasis due to development of industry, increase of traffic accident and tumor.

The mandibular reconstruction had greatly progressed through the 1st and 2nd World Wars. Fibular free flap by using of microscope was reported in 1970 and many maxillofacial reconstructive surgeons had used. In 1988, D. Hidalgo was first reported mandibular reconstruction by using of fibular free flap.

Mandibular reconstruction by using of fibular free flap have a several advantage. First, it provides up to 25cm of bone, enough to reconstruct any length of mandible defect, second, a skin island, based on a septocutaneous blood supply, is available in a size large enough to simultaneously reconstruct internal and external soft tissue defect, third, the morbidity of fibular donor site is low, fourth, it has a cosmetic merit because it is easy to make the contour of the mandible, finally, viability of bone is good.

When the periosteum of the mandible changes or tumor invade the mandible in the oral malignant tumor patient, the removal of the soft tissue and the resection of the mandible are unavoidable. In such case, fibular osteocutaneous free flap was performed after COMMANDO operation due to squamous cell cancer in oral cavity (16 case). Therefore we report out successful operation of the mandible reconstruction by using of fibular osteocutaneous free flap.

No. 8.

Upper Lip Reconstruction by Dorsalis Pedis Free Flap

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Lip is composed of the skin, muscle and mucosa. It is important for expression, speech and nutrition. And it has the sense of touch, helps not to drop spit or food, shrinks oral cavity. Therefore, if it has any

defect or deformity, we must reconstruct for function and appearance.

We have to choose suitable reconstruction method after defected part, size and condition, the patient age. And we must make anatomic index with normal lip, choose reconstruction method to keep balance between lip and oral commissure. Especially, in case of the reconstruction of the upper lip, we have to keep well the upper lip outline of Cupid's bow. We have tried variable reconstruction method so far. If we can not use local tissue, we replace distant flap.

We operated on 51 age female patient, who complains of upper lip defect, for dorsalis pedis free flap and mucosal graft and we got satisfactory results.

No. 9.

Microsurgical Reconstruction of Severe Radionecrotic Wounds in Head and Neck Cancer

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PURPOSE : Radionecrosis of head and neck area following ablative cancer surgery seems to be a formidable challenge for both reconstructive surgeon and patients. It always accompanies the secondary infection, and makes progressive necrosis of soft tissue, bone, and muscle. Finally it develops exposure of vital structure like major vessel, brain, and aerodigestive tracts. Purpose of study is to introduce the treatment strategies for severe radionecrosis in head and neck cancer patients, and to evaluate the usefulness of free flaps in these complicated wounds.

MATERIALS AND RESULTS : 11 patients had the severe radionecrotic wounds related to head and neck cancer underwent wide resection and microsurgical reconstruction from May, 1988 until April, 1996. Their ages ranged from 26 to 76. They were 6 male and 5 female patients. Reconstructed sites were 2 head, 3 upper and midface, 2 mandible and oral cavity, and 4 neck. Used flaps for reconstruction were 5 latissimus dorsi MC flap, 1 iliac osteocutaneous flap, 3 jejunal flap, 2 forearm flap, 1 rectus abdominis MC flap. 1 patient needed sequentially linked free flap, and 2 patients needed pectoralis major MC flap for external neck coverage with jejunal conduit transfer. All patients of 11 cases were treated successfully with 12 free flaps. Wounds were healed uneventfully to cover the vital structure, and infection was subsided completely so that patients preserved their form and function of head and neck.

CONCLUSION : 11 patients who had severe radionecrotic wounds in head and neck underwent extensive debridement of necrotic tissue and immediate reconstruction with well vascularized tissue. This strategy for these complicated cases seems to be very effective for the successful treatment. Appropriate flap selection is mandatory for reconstruction of head and neck.