

Recent Trend in Head and Neck Reconstruction

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Clinical application of microvascular free flap transfers in reconstructive surgery has expanded tremendously since their introduction two decades ago. Difficult reconstruction in the head and neck region can now be accomplished in a one stage procedure using these techniques. Microvascular tissue transfer is an indispensable procedure for head and neck reconstruction. Free flaps such as rectus abdominis, forearm, and scapular flap are used frequently in this region because of their many advantages. They have a long vascular pedicle of a large caliber vessel with anatomic stability and have ample blood supply. It is easy to harvest, and donor site morbidity is negligible.

Those advancements in head and neck surgery have made it possible to resect cancers that had previously been regarded as unresectable. But, despite of expanded surgical indi-

cation for T4 lesions, overall survival rates for patients with T4 did not increase than expected. On the other hand, new developments in chemo-radiotherapy have helped improve the outlook for patients with locally advanced head and neck cancers. Following the development of chemo-radiotherapy, the surgical indication for locally advanced cancers, even if resectable, is changing in Japan.

Under such circumstance, head and neck reconstructions are required to obtain better functional and esthetic results rather than to facilitate extended ablative surgery for locally advanced cancers. In this lecture, some medico-economical environment where plastic surgeons are apt to prefer esthetic surgery to the head and neck reconstruction, will be discussed.