

FP 41 Surgical Reconstruction of the Upper Esophagus via Deltopectoral Flap

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ABSTRACT

Background:

This is a case of an upper esophageal reconstruction via tube deltopectoral flap used in this case.

Method and Results:

M.L., 65year old, male was admitted because of difficulty of breathing. Progressive dysphagia started 7 months prior to consult with concomitant weight loss and general body malaise. A palpable mass, comparable to a 25-centavo coin was noticed on the right side of the neck. These symptoms continued with the addition of hoarseness about a month prior to admission. CT scan revealed a heterogeneously enhancing mass in the right pyriform area with compressive effects on the trachea and esophagus. Emergency tracheostomy with suspension laryngoscopy, esophagoscopy and punch biopsy was immediately done. Histopathologic report confirmed a well differentiated type of squamous cell carcinoma. Laryngopharyngectomy with modified radical neck dissection type I and reconstruction using deltopectoral flap was the definitive surgical management with very minimal complications.

Conclusion:

Hypopharyngeal carcinoma is any malignant tumor found in the pharynx that extends inferiorly to the cervical esophagus. It has one of the poorest survival rates of any head and neck site and is associated with significant morbidity. Laryngopharyngectomy was done to widely excise the tumor, and reconstruction using tubed deltopectoral flap was used to replace the defect. Expertise is highly essential to facilitate a precise placement of the graft, closure of the defect and maintaining good blood flow.