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Symposia

Symposium 1: Cancer Special Interest Group

SL1.1
Functional reconstruction after ablative surgery and radiochemotherapy for head and neck tumours

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Functional reconstruction of the human oral area is a difficult task. The face is the most important part of the body for communication, not only with words, but also facial expressions. The face therefore expresses aesthetics of a persons' character. Additionally, functional aspects such as chewing, swallowing and breathing are localised there. Patients with defects in the orofacial area suffer from functional losses as well as from loss of quality of life.

The history of reconstruction of the orofacial area and rehabilitation of associated functions goes back 200 years from now. The first mandibula resections were described in 1810. Until today many strategies for orofacial reconstruction have been developed.

State-of-the-art for jaw reconstruction today are microvascularised bone transplants, as it is microvascularised, reanastomosed fibula flap with screw implants for dental rehabilitation. We are presenting studies of the Department of Cranio-Maxillofacial Surgery at the University Hospital of Zurich concerning free flap reconstruction as well as reconstruction with free corticocancellous calvarium and iliac crest bone together with screw implants.

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SL1.2
Management of the temporomandibular joint in mandibular resection

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[*No abstract available*]

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SL1.3
Salvage surgery of advanced tumour in oral, head and neck region

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Background and Objectives: Advanced tumours in the oromaxillofacial head and neck region, such as tumours involving the structures of life threatening, oral cancer at every late stage, infiltrating the neighbouring structures of skull base, carotid artery, larynx, with serious malfunctions, breath, swallowing, speech, and so on are always difficult to treat. The treatment of these advanced tumours is always a challenge for oral and maxillofacial surgeons. The objective of this study was to summarise our clinical experience of surgical management of patients with high risk of craniomaxillofacial tumours, subjected to radial and reconstructive surgery including skull base reconstruction with adjacent or free flaps, total glossectomy and laryngectomy and reconstruction with pedicle or free flaps, carotid artery resection with or without reconstruction.
Methods: 101 patients with high risk of craniomaxillofacial tumours were reviewed. There were 35 patients with advanced oral cancers (group A, total glossectomy and total laryngectomy, and immediate reconstruction), 38 patients with tumours involving the bony skull base (group B, complete resection and immediate reconstruction), and 28 patients with carotid arteries involved by tumours (group C, carotid resection with or without immediate reconstruction). Clinical data including pathological diagnosis, clinical stage, surgical method, postoperative complication, and their follow-up records were obtained from the patients' charts.
Results: Successful radical and reconstructive surgery was performed in all patients with 0% surgical mortality. In group A, the postoperative complication rate was 20.0% which included partial flap infection and necrosis, which healed secondarily. The 3-year and 5-year survival rates were 38.7% and 23.1%, respectively. In group B, postoperative complication occurred in 9 patients, including intracranial infection in one patient, cerebrospinal fluid fistula and intracranial infection in one patient, pulmonary infection in one patient, cerebrospinal fluid fistula and decrease of left vision in one patient, muscle weakness of right upper extremity in one patient, right facial paralysis and deafness in one patient, left facial paralysis in one patient, decrease of left vision in one patient, and agnogenic gas pains in one patient. However, when the patients were discharged, the intracranial infection, pulmonary infection, and cerebrospinal fluid fistula were controlled, and the muscle weakness of right upper extremity was improved. The 3-year and 5-year survival rates were 42.3% and 37.5%, respectively. In group C, seventeen patients underwent unilateral carotid artery ligations or resections without carotid reconstruction, and 11 patients underwent carotid reconstruction. The neurologic deficit rate in the patients without

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