

Clinical Image

Restoration of a Post-Resection Tongue Defect with a Free Radial Flap

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Clinical Image

The tongue is of paramount importance for natural speech and swallowing, and good tongue function is important for the overall quality of life. Auto transplantation of tongue reconstruction with a free flap after glossectomy achieves adequate results in terms of speech, swallowing, and quality of life in most patients. We present a case of tongue reconstruction with free beam autograft after partial glossectomy for tongue cancer during the COVID-19 pandemic. Reconstruction with a free flap was performed in nine patients (Figure 1).

Eight of nine patients had good recovery and healing, no side effects and/or complications were reported - (88%)

One patient developed flap necrosis against the background of venous stasis- 1 case (12%). Wound healing was by secondary intention.

Benefits of free flaps

1. Ability to transfer the flap to unlimited distances from the donor bed
2. The ability to compensate for a large volume of tissues that are heterogeneous in histological structure: skin, muscle, bone tissues with the possibility of their reinnervation
3. Independence of the blood flow of the flap from the width of the feeding pedicle, which can only consist of afferent and efferent vessels.
4. Possibility of performing primary plasty simultaneously with tumor removal due to simultaneous work of 2 teams of surgeons.
5. Reduction of the terms of rehabilitation and treatment of the patient, due to faster engraftment of free flaps.
6. The best cosmetic result, since the flap sampling sites are located on the periphery in remote regions of the body (limbs, torso), hidden under clothing.

The main disadvantage of the radial flap is the high morbidity of the donor site (Figure 2). View of the donor bed 1 year after the operation (Figure 3). Donor site continues to give a "skin response".

In the case of patient P, the donor site had an allergic reaction, as did the skin of the forearms, face, and neck.

Whereas the tongue, mucous membranes of the cheeks and lips were not involved in the process (Figure 4).

The effectiveness and safety of reconstructive surgery using microsurgical techniques in patients of any age is no longer a subject of discussion. With the appropriate support, microsurgical reconstruction is being actively introduced into the practice of medical institutions.



Figure 1: Reconstruction with a free flap.

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Figure 2: High donorsite morbidity.



Figure 4: Allergic Reaction.



Figure 3: View of the donor bed 1 year after the operation.