

# Free flap reconstruction in hypopharyngeal tumour – The versatility of Anterolateral Thigh (ALT) Free Flap in hypopharyngeal reconstruction in primary and salvage surgeries

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## ABSTRACT

**Introduction:** Reconstruction of hypopharyngeal defect is challenging as it involves creating a functional conduit that need to serve multiple purpose that include swallowing and rehabilitation of speech. The patient usually has already had radiation therapy as an initial treatment, which make the wound bed and surrounding tissue perfusion compromised. In the setting where primary surgery has had anastomotic complications, a salvage reconstruction is even more difficult in the face of overlying infection and microbial colonization. **Methods:** A two years retrospective review of all consecutive cases of hypopharynx reconstruction using free anterolateral thigh free flap in two institutions were conducted. Patients' basic demographic data were collected, including tumour and resulting defect characteristic at the time of surgery, early and delayed complications that include flap and its donor site. **Results:** Six patients were included in the series. All were Chinese men, except one Malay. In three of the patients, the surgery was done as a salvage of previously unsuccessful primary reconstruction (pectoralis major flap, gastric full up and primary repair in partial pharyngectomy). In 5 patients, additional skin was required for the neck coverage due to skin involvement and defect following the resection using multiple perforators and double skin paddle either as chimeric or sequential flaps. One patient has microvascular thrombosis that required exploration and redo of the anastomosis. Another patient had anastomosis ruptured and required multiple re-exploration and redo of the anastomosis (after 3 weeks of the initial operation). Two cases have minor lower anastomotic leaked that manage expectantly and one case has anastomotic junction stenosis that required endoscopic dilatation. **Conclusion:** The ALT flap is a safe and versatile option for the reconstruction of hypopharyngeal defect either in primary or in salvage situation with acceptable complication rates.

# Static Reconstruction In Facial Palsy

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## ABSTRACT

**Introduction:** A static facial nerve reconstruction mainly aims to give a symmetrical face at rest. **Methods:** This presentation will highlight the role of static reconstruction in facial palsy. **Results:** Though a dynamic reconstruction is superior to a static reconstruction following facial nerve palsy, static reconstructions may benefit certain patient where more extensive surgery is not feasible due to underlying medical conditions. Some area of reconstruction like eyelids works well with static reconstruction with the use of gold weight and lid tightening. There are many options available for static reconstruction, which include the use of slings (fascial, tendon or alloplastic materials), skin excisions, lifting procedures, botulinum toxin injection and etcetera. Some of these techniques will be discussed. **Conclusion:** The static reconstruction has a clear role in the management of facial palsy.