

# THE VALUE OF PECTORALIS MAJOR FLAP IN THE LIMITED RECONSTRUCTION OF THE PHARYNX, IN CONNECTION WITH A CASE REPORT

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**Abstract:** We present a case in which a posterior oral floor tumor was surgically removed, intraoperatively was performed left radical neck dissection, modified type III. The defect required surgical reconstruction of the pharynx, it was limited and it was used large pectoral musculocutaneous flap. Postoperatively the patient's phonation and deglutition functions have not been affected, this way the removal of the tumor was completed successfully and the patient's survival time was extended

**Cuvinte cheie:** lamboul  
musculocutanat, tumoră  
de planșeu oral,  
evidare ganglionară

**Rezumat:** O formațiunea tumorală de planșeu oral posterior a fost îndepărtată chirurgical, intraoperator s-a realizat evidarea ganglionară laterocervicală stângă, radicală, modificată tip III. Defectul chirurgical a necesitat reconstrucția faringelui, aceasta a fost limitată și s-a folosit lamboul musculocutanat pectoral mare. Postoperator pacientului nu i-au fost afectate funcțiile de fonație și deglutiție, astfel s-a realizat cu succes îndepărtarea tumorii și prelungirea duratei de supraviețuire a pacientului.

## INTRODUCTION

The first description of the large pectoral musculocutaneous flap reconstruction was in 1968. However, its application in head and neck region was not reported until Ariyan's publication in 1979. The reliability and versatility of this flap were subsequently confirmed by other reports. During the late 1980s and early 1990s, before the age of micro vascular free tissue transfer, large pectoral musculocutaneous flap was considered the elective reconstructive option after the tumor extirpation in head and neck region. Therefore, the outcome of any new reconstructive methods should be better than the large pectoral musculocutaneous flap, before it can be considered an acceptable option.

## CASE PRESENTATION

We have studied a male patient, aged 52 years, who showed a posterior oral floor tumor T4N2bM0, stage IV, with extension to the side of mandible and pharynx(T), Fig.1..

**Figure no. 1. Tumor of the posterior oral bridging T4N2bM0, stadium IV, with extension at the level of the mandibula and of the lateral pharynx wall(T)**



**Figure no. 2. Intraoperative surgical defect and left neck dissection, radical, modified type III, M-jaw, TID-intermediate tendon of digastric muscle, SCM-sterno-cleido-mastoid muscle, L-Lueta, F-Pharynx**



**Figure no. 3. Intraoperative surgical defect. TID-intermediate tendon of digastric muscle, SCM-sterno-cleido-mastoidian muscle, L-tongue, F-pharynx**



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## CLINICAL ASPECTS

Figure no. 4. flap design.P-represents the area of reconstruction of the oral floor,F-represents the area of reconstruction of the pharynx.



Figure no. 5. Appearance immediately after surgery



Figure no. 6. Endooral aspect 30 days postoperatively, LP-pectoral flap ,F-pharynx



Figura nr. 7. latero-cervical aspect at 30 days postoperatively



The patient survived over 5 years with full restoration of phonation and swallowing functions. He attended 60Gy postoperative radiotherapy at the Oncology Institute in Cluj-Napoca

## CONCLUSIONS

Greater pectoral muscle has a constant and reliable vascularity. As a musculocutaneous flap has a role in the reconstruction defects in the head and neck region. Modified surgical techniques of its collection and placing, increase safety and applicability.

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