USE OF A MODIFIED BILATERAL CHEEK ADVANCEMENT FLAP FOR TOTAL RECONSTRUCTION OF THE LOWER LIP: CASE REPORT.

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INTRODUCTION

When we consider reconstructing the lower lip after an oncological ablation, “staggered reconstruction” begins with simpler procedures up to the most complex ones. The local flaps are within the second reconstructive option, after the primary closures. [1,2]

OBJECTIVE

To demonstrate the total reconstruction of the lower lip with a bilateral modified cheek advancement flap.

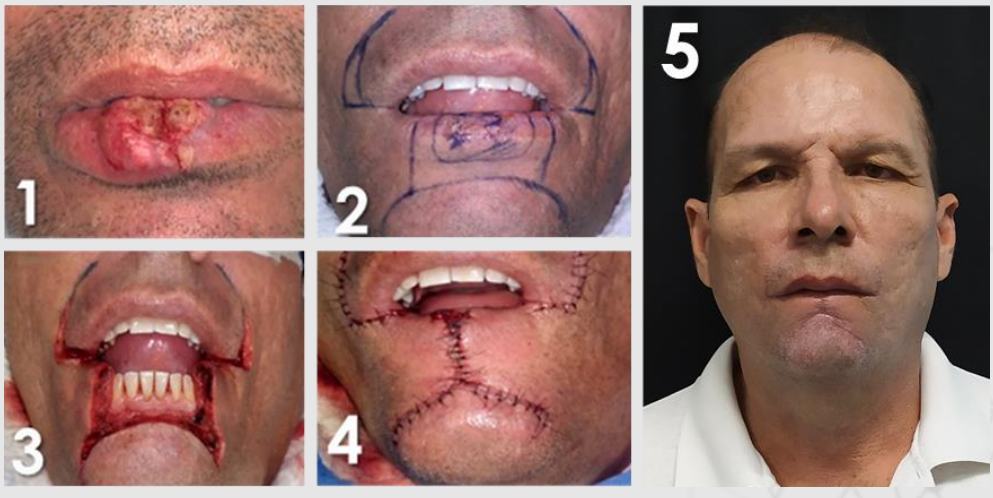
CASE REPORT

52-year-old: Male patient
6 months of evolution
Smoking tobacco habit.

INCISIONAL BIOPSY

A well differentiated, **infiltrating Squamous Cell Carcinoma.**

We proceeded to perform a total resection of the lesion with oncological margins plus total reconstruction of the lower lip using a bilateral modified cheek advancement flap



1. Clinical characteristics of the tumor. 2. Total lip resection marked out. The proposed reconstruction involves upward sloping incisions from the commissure musculature to the nasolabial fold, incorporating Burrow’s triangles laterally. The inferior incision follows the labiomental fold placed submentally. 3. Frontal view showing the incisions of the labial and buccal mucosa which are separated from the skin incisions. 4. Primary closure

SURGICAL TECHNIQUE

The incisions are made through the skin and the subcutaneous tissue layer. The incisions of the labial and buccal mucosa are separated from the skin incisions. The mucosal incisions are made at the same level as the skin incisions, but usually do not require extending as far laterally, although they can be compensated at a slightly higher or lower level depending on the lip to be reconstructed. The compensation provides more mucosa, which can be advanced with the flap. This extra mucosa is used to create the mucosal flaps, which are covered through the free margins of the flaps to restore the vermilion on the lateral portions of the reconstructed lip. What remains of the orbicularis muscle is released sufficiently to allow the advancement of the flap.

CONCLUSION

The modified bilateral cheek advancement flap is a very good alternative in the reconstruction of the lower lip, offering good aesthetic results by locating the scars in the natural skin folds, avoiding the violation of the chin region, thus minimizing the tendency for the vertical deficiency in the midline of the reconstructed lower lip. From the functional point of view, despite the fact that more specialized functions get diminished, maintaining the oral sphincter and labial competence during swallowing can be achieved satisfactorily

THE AUTHORS DECLARE THAT THEY HAVE NO CONFLICTS OF INTEREST

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