

**Gastro-Omental Free Flap in Oro/Hypopharyngeal Reconstruction after Enlarged Ablative Surgery for Advanced Stage Cancer**

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**Abstract**

Reconstruction of complex mucocutaneous defects after ablative surgery for advanced cancer of the oropharynx, hypopharynx and larynx (Stages III and IV of disease according to TNM classification) with previous radiotherapy is a challenging problem for the plastic surgeon. The gastro-omental free flap provides in these cases both a reliable mucosal lining of the digestive tract and soft tissue coverage in the neck. One-stage surgical excision and reconstruction improves the quality of life by reducing the hospitalization and providing recovery of the swallowing function.

*Background:* The method of reconstruction of the complex mucocutaneous defects that usually occur after extensive ablative surgery associated with radiotherapy for advanced malignant lesions of the oropharynx, hypopharynx and larynx should provide both digestive tract reconstruction and soft tissue coverage of the neck. The purpose of the article is to report our experience with the use of the gastro-omental free flap for the reconstruction of such complex defects of the oro-and hypopharynx.

*Method:* Gastro-omental free flap was used for one-stage reconstruction of complex defects of the oropharynx in four cases and hypopharynx in eleven cases between December 1990 and December 2008 after extensive ablative surgery for cancer. All fifteen patients had received previous irradiation. In all cases the tumor ablation was associated with neck dissection.

*Results:* There was one flap failure in this series (6.67%). Complications included: two cases of gastric outlet obstructions, one case of mild superficial bleeding of the transplanted gastric mucosa and three fistulas formed. Thirteen patients had adequate swallowing function after reconstruction of the digestive tract.

*Conclusion:* Gastro-omental free flap represents a reliable and valuable solution in covering of extended and complex defects in the oral and cervical area following advanced cancer ablation.

**Key words:** gastro-omental flap, pharynx, neck reconstruction

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