



UNIVERSITÀ
CATTOLICA
del Sacro Cuore



**Co-funded by
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ANTEROLATERAL THIGH (ALT) FLAP

Two clinical cases in head and neck reconstruction

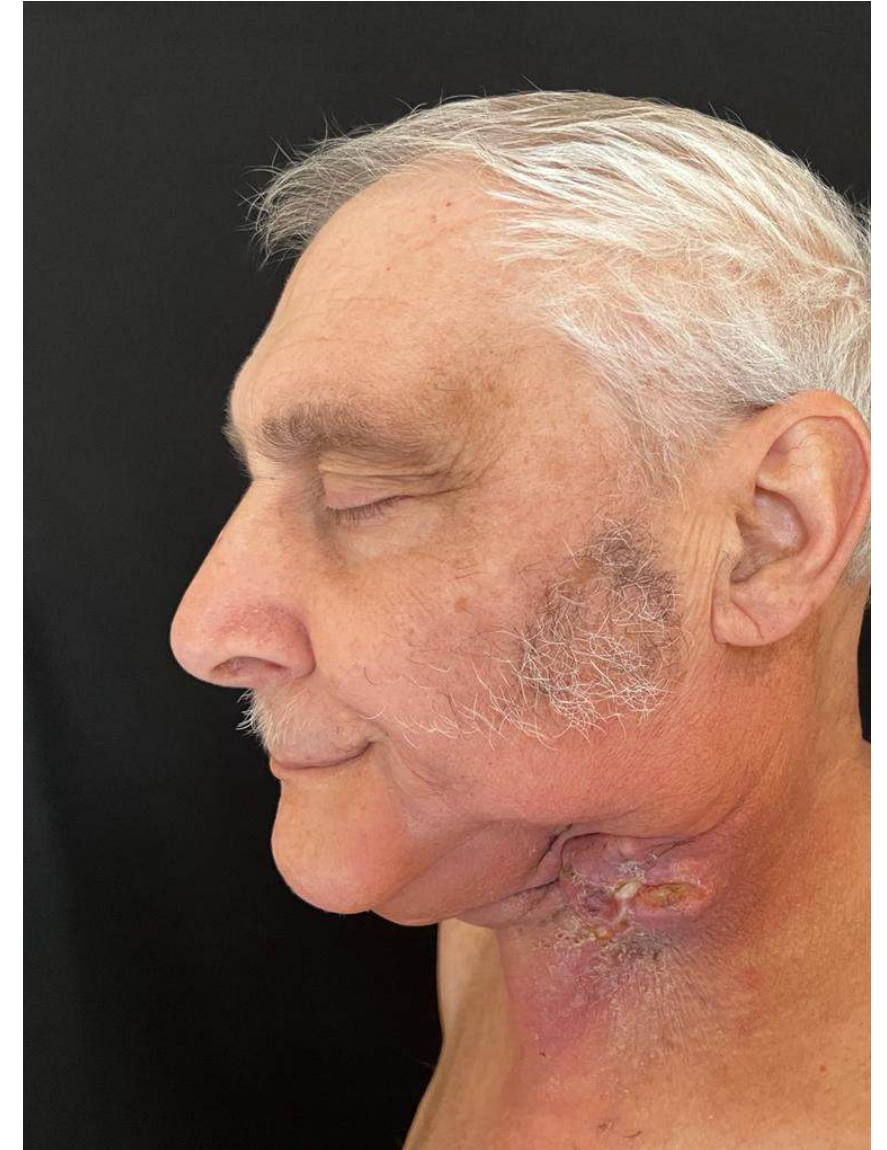
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Plastic surgery resident UCSC



CASE 1

- Male, 62 years
- History of oral carcinoma (pT2N2b)
 - RT + CHT (July 2021)
- Segmental mandibulectomy and left laterocervical lymphadenectomy
- Recurrence of neoplasia in January 2022
Left laterocervical lymphadenopathy
with skin fistulisation



- Modified radical neck dissection (type III) extended to the ipsilateral submaxillary gland
- Mandible reconstruction with free fibula flap
- Reconstruction of neck skin and filling of left laterocervical lodge with left ALT flap (including vastus lateralis muscle)





CT ANGIOGRAPHY

PRE-OPERATIVE ULTRASOUND

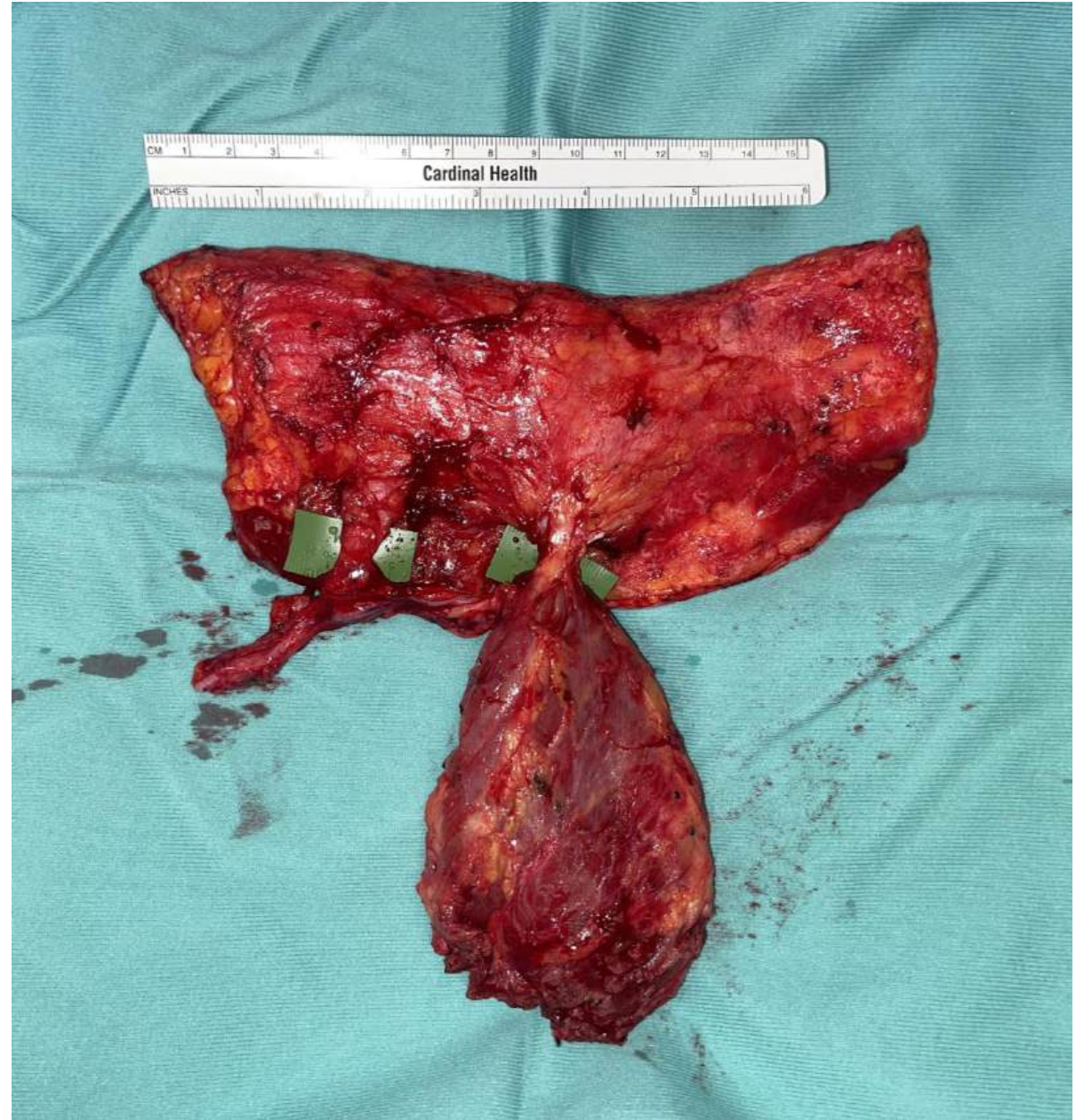
I perforator:

- type 2
- course medial to septum
- 1mm

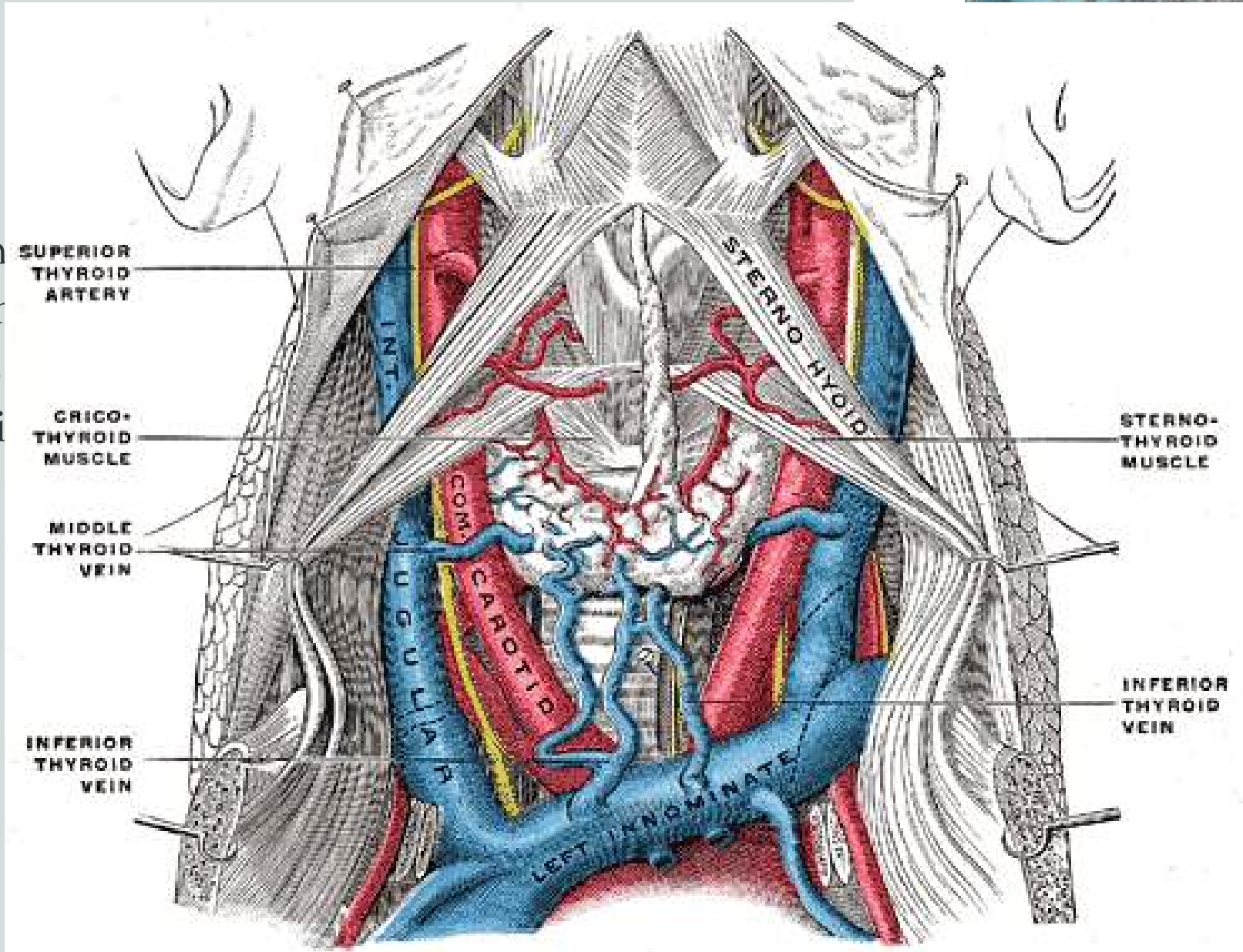
II perforator:

- type 2
- course medial to septum
- 0,9mm





Arterial and venous anatomy of the superior thyroid gland and its associated vessels and muscles.



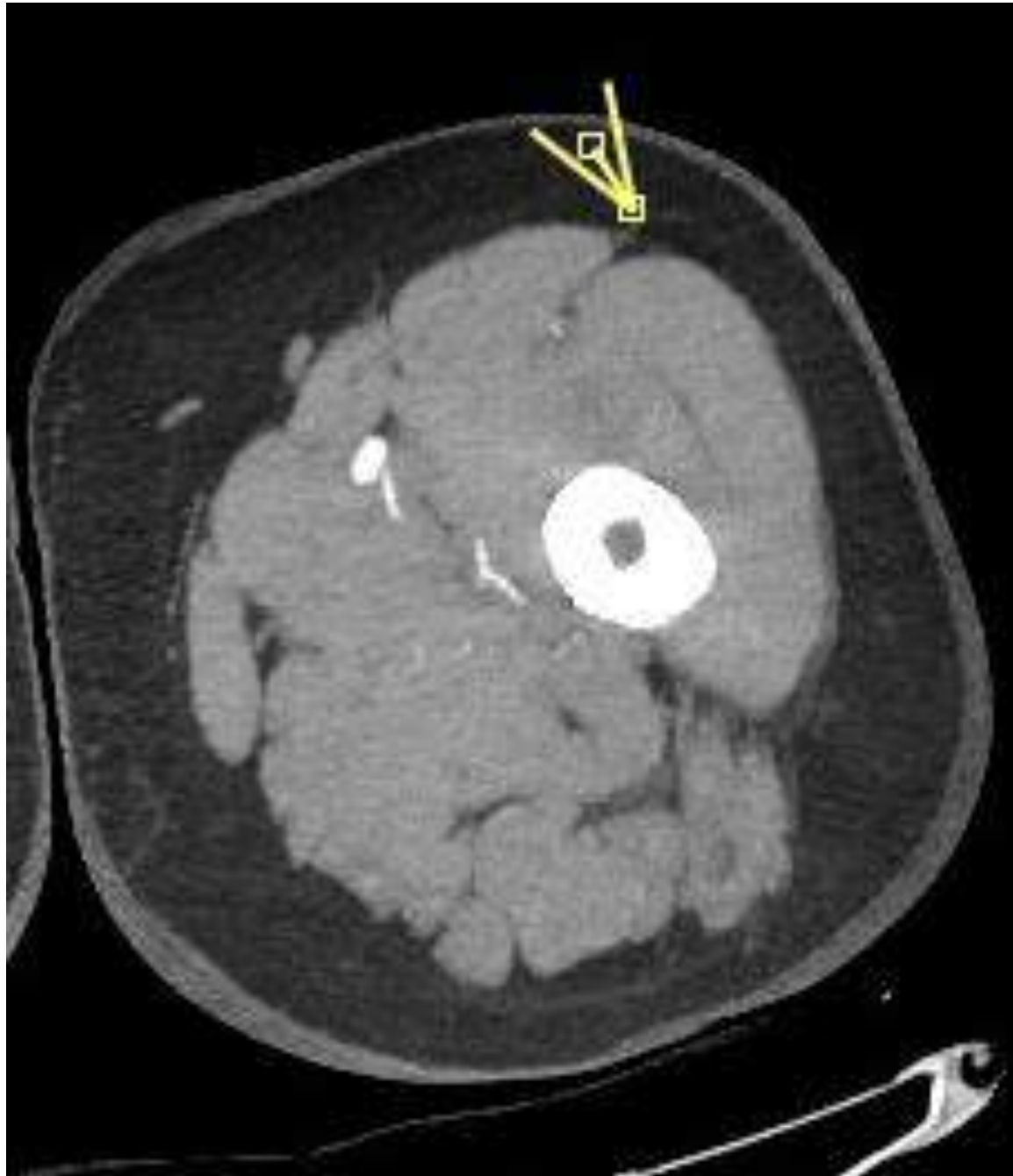


CASE 2

- Female, 66 years
- Adenoid cystic carcinoma (cribriform variety)
- A warty lesion with increasing volume tendency, originating from the ipsilateral osteomeatal complex and occluding the nasal fossa



- Right total maxillectomy, enlarged to the soft palate, pterygomaxillary/infratemporal fossa, and buccal mucosa of the right cheek
 - Right supraomohyoid lymphadenectomy
- Reconstruction with left ALT flap



CT ANGIOGRAPHY

PRE-OPERATIVE ULTRASOUND

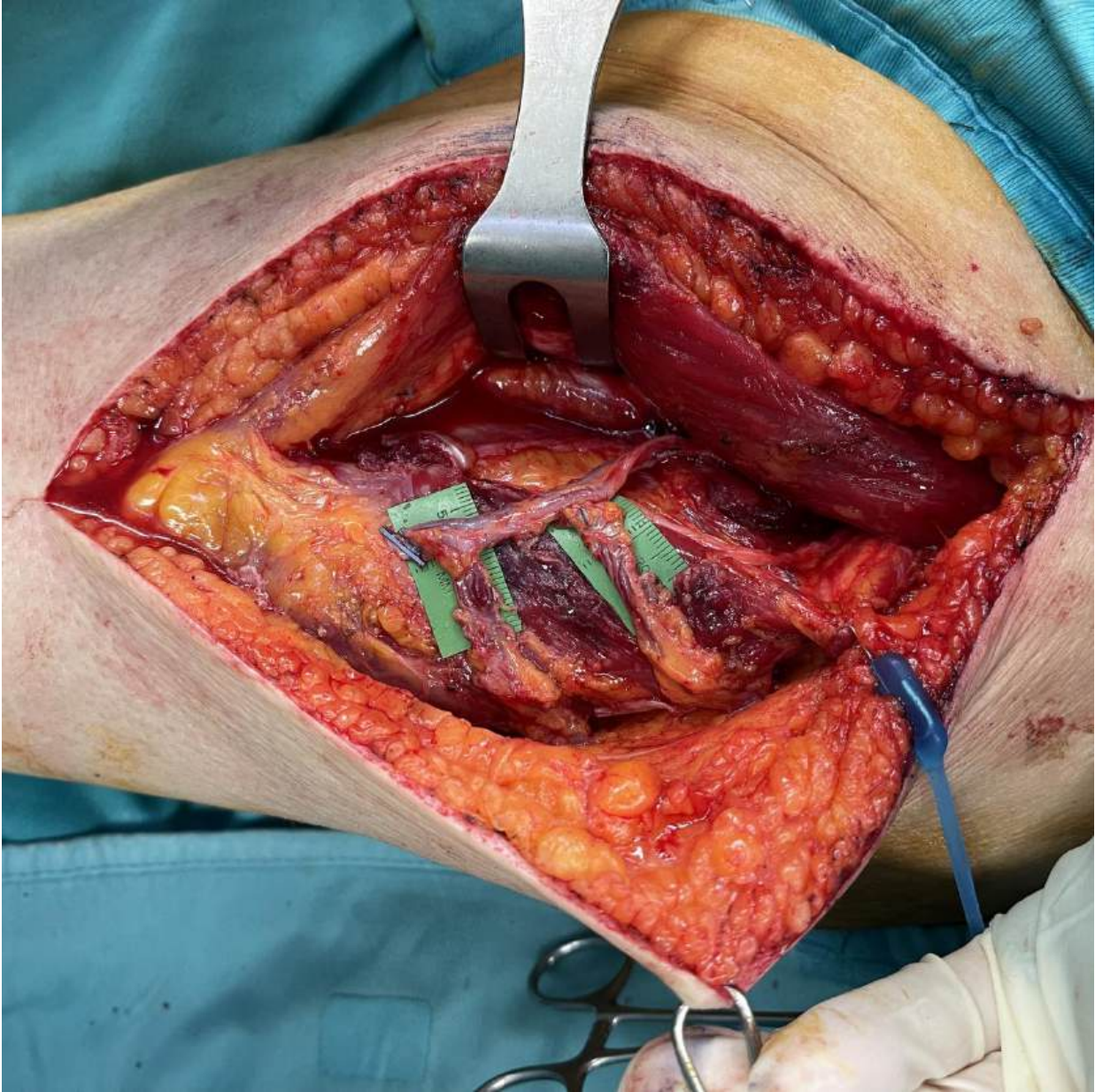
I perforator:

- type 2
- course lateral to septum
- 1,2 mm

II perforator:

- type 2
- 1,1mm







Arterial anastomosis with
right **external carotid**
artery and venous
anastomosis with right
internal jugular vein.

