International qe Cancer Study & Therapy Conference

April 4-6, 2016 Baltimore, USA

Hypopharyngeal reconstruction: A comparison of three alternative

Alaa Eldin Elfeky*1, Wael Fayez Nasr1, Alaa Khazbak1, Mohamed Said Abdelrahman2, Zaki Abdelgawad Allam2, Wahed Yousry Gareer3 and Hesham Elsebaey4

- ¹Department of Otorhinolaryngology-Head&Neck Surgery, Zagazig University, Egypt
- ²Department of Surgery, Faculty of Medicine, Zagazig University, Egypt
- ³Department of Surgery, National Cancer Institute, Egypt
- ⁴Department of Vascular and Reconstructive Surgery, National Cancer Institute, Egypt

his study aimed to evaluate the operative outcomes of using gastric pull-up (GPU), pectoralis major myocutaneous flap (PMMF), **1** and jejunal free flap (JFF) to reconstruct the hypopharynx after resection of hypopharyngeal and cervical esophageal carcinoma.

Patients and Methods: Records of 104 patients who underwent resection of carcinoma of the hypopharynx and cervical esophagus were reviewed to determine the indications for radical resection, location, and stage of the primary tumor, gross and pathological surgical resection margins, operative complications, morbidity, and mortality. Reconstruction was performed using the GPU for group (1) (n = 33), PMMF for group (2) (n = 34), and JFF for group (3) (n = 37).

Results: The hypopharynx was the most common primary tumor site for group (2) and group (3) whereas group (1) had lesions more frequently in the cervical esophagus. The overall postoperative morbidity rate was 20.2 % with a perioperative mortality rate of 6.7 % and there was no significant difference between the three groups. There was no graft necrosis in group (1) compared to 5.9 % in group (2) and 5.4 % in group (3). Pulmonary complications occurred commonly (30.3 %) in group (1) compared to 11.8 % in group (2) and 10.8 % in group (3) The overall 3 years survival rate was 67.3 % and there was no significant difference between the three groups.

Conclusion: The outcomes of the three techniques are equally successful when used appropriately. The nature of the defect indicates the method of reconstruction. For short reconstruction above the thoracic inlet, PMMF or JFF are equally effective and in tumors requiring total esophagectomy, GPA is indicated.

Biography:

Professor Alaa Eldin Elfeky is a professor of Otorhinolaryngology and Head&Neck surgery, Faculty of Medicine, Zagazig University, Egypt. He obtained his MD in ORL-HNS from the University of Zagazig, Egypt in 1990. Prof. Elfeky is the main supervisor for more than 50 theses of Master and Doctor Degree. He was in the board of evaluation of more than 50 theses of Master and Doctor Degree in all Universities of Egypt. He is in the board of Egyptian Society of Surgical Oncology since 2000 and he is the president of Delta Society of Otorhinolaryngology-Head and Neck Surgery, Egypt since 2010. He wrote a book of "Essentials of Otorhinolaryngology" in 1997. He is a member of the Egyptian promotion committee for professors and assistant professors since 2013. He is the founder and senior of the Head and Neck Surgery Unit in ORL Department Zagazig University since 2000.