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VY, Cervicofacial and Submental Flap for Cheek Reconstruction

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Back Ground: Substantial defects of the cheek pose a reconstructive challenge due to their incredibly visible site and limited local tissue supply. The cheek is a common location of acquired soft-tissue defects which are frequently caused by skin malignomas.

Objectives: Aim of our study was to better comprehend appropriate reconstructive treatment options for patients with large soft tissue defects of the cheek after surgical excision of skin malignomas with safety margins.

Methods: Characteristics, flap harvest technique, aesthetical subunits, skin lines and parts of the facial anatomy are described in details.

Results: We present three clinical cases of patients with skin carcinomas on the cheek. A cervicofacial flap was used to cover gaps along the entire nasolabial fold in the first aesthetical subunit of the cheek, VY to cover large gaps in the superomedial part of the first subunit and submental to cover gaps in the second subunit.

Conclusion: Appropriate selection of flap in patient with cheek soft tissue defect is of significant importance in addition to thorough knowledge of surgical anatomy in face unit. One should use local tissue in facial reconstructive surgery whenever possible to provide the best tissue for color and contour restoration. Priority goals of aesthetic reconstruction of facial defects should adhere to first preserving function and second achieving cosmesis.