A CONSERVATIVE APPROACH TO ADVANCED MALIGNANCIES OF THE HEAD AND NECK

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SUMMARY

A case of extensive basal cell carcinoma of the upper third of the face treated by a combination of radiotherapy and reconstructive surgery is reported. This conservative approach is advocated when curative excision is unlikely to be successful.

Occasionally even in advanced countries like United Kingdom, with an effective health service, extensive malignancies of the head and neck are encountered. Surgeons often carried away by their enthusiasm, attempt heroic surgeries in a bid to effect cure. However these procedures are not always justifiable as the attendant mortality is higher and the resultant disfigurement is often unacceptable to the patient. We report a case effectively treated and socially rehabilitated by a conservative approach.

Case Report

A 65 year old woman presented in June '82 with an extensive basal cell carcinoma of 20 years duration, involving the central half of the forehead, the entire left upper eyelid, the root of the nose, the medial quarter of the right upper eyelid and both medial canthi (Fig. 1). X-ray showed involvement of the frontal bone and the ethmoidal region. She was initially treated with radiotherapy to which she responded and was left with an unstable scar over the forehead, exposed frontal sinuses, nasal fistula and ectropion of the left upper eyelid (Fig. 2). In Dec. '82 we reconstructed the defect by excision of the unstable scar down to bone, repair of the nasal lining with local flaps and cover provided with a scalping flap (Converse, 1959). The pedicle of the scalp flap was used to provide temporary cover for the frontal bone (Fig. 3). The ectropion of her left upper eyelid was released and the lid reconstructed by a superiorly based cheek flap (Fig. 4). Three weeks later on the cranio principle (Millard, 1969) the scalp flap was returned retaining the subcutaneous tissue on the frontal bone which was split skin grafted. But except for troublesome epiphora from the left eye, she had a satisfactory appearance (Fig. 5). She had one small recurrence in the forehead in August '83 which was excised under local anaesthesia.

Discussion

Surgeons were hesitant to ablate facial features till the advent of the Bakamjian flap and forehead flaps (Converse, 1959) which made primary reconstruction possible. The more recent use of musculo-cutaneous flaps and free transfer of composite tissue gave considerably improved results which could be achieved in one operation. Therefore bolder attempts have been made to obtain cure in advanced malignancies of the head and neck. These procedures are justifiable when they offer a reasonable chance of cure, but not as a tumour debulking procedure. By no means do we advocate conservatism as a rule in surgical management of advanced malignancies of the head and neck. It is reserved only for few selected cases which warrant it. In this patient we felt the chances of complete excision of the tumour were too small to justify the mutilating procedure of excision of the upper half of the face, floor of the anterior cranial fossa, nose and one or both orbits. We therefore adopted this conservative
Fig. 1. Extensive basal cell carcinoma involving the forehead, both upper eyelids and nose.

Fig. 2. The defect following radiotherapy.

Fig. 3. Intermediate stage of reconstruction with a Converse scalp flap.
Fig. 4. Illustrates the superiorly based cheek flap used to reconstruct the upper eyelid.

Fig. 5. Result at 6 months.
approach which left the patient with minimal physical deformity. She, who had spent the last few years as a recluse, has been effectively rehabilitated and is leading an active life.

REFERENCES


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