SURGERY AS PRIMARY TREATMENT OF ORAL CAVITY CANCER

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CANCER OF THE ORAL CAVITY ARE REGIONAL EXPRESSION OF GENERAL DISEASES

PRINCIPLES OF TREATMENT

THE IRON  THE POISON  THE FIRE
WHAT IS CANCER SURGERY?

Sohlberg
Report of the treatment of the cancer of the tongue
Congress of surgery PARIS 1919

EXERESIS → RECONSTRUCTION

SURGERY DEPENDS ON:

- ANATOMY
- SURGICAL APPROACHES
- TUMOR PATHOLOGY
- TUMOR INFILTRATION and LYMPH NODES
- ADJUVANT TREATMENTS and CONCOMITTENT TREATMENTS
- TUMOR TOPOGRAPHY
- SURGEON and PATIENT

BOURGERY JM et JACOB 1831-1854
ATLAS OF HUMAN ANATOMY and SURGERY
I-ANATOMY

THE MANDIBLE IS AN EDGE

THE TUMOR INFILTRATION OF THE MANDIBLE

THE PRINCIPLES OF PRESERVATION OF THE MANDIBLE

ANATOMICAL CERVICAL SPACES FOR TUMOR DIFFUSION

MANDATORY NECK DISSECTION

THE FUNCTIONAL PURPOSE OF THE ORAL CAVITY

PHONATION:
- SOUND BOX
- SOFT PALATE
- TONGUE
- Mobility
- LIPS
- LANGUAGE ARTICULATION

DEGLUTITION:
- TONGUE
- LIPS
- PHARYNX

SENSORIALITY:
- TASTE

THE SURGICAL APPROACHES

- NOTION OF ORGANS PRESERVATION
  - respect of the lips
  - respect of the mandible

- ASSOCIATED CERVICAL SURGERY

- SIMULTANEOUS RECONSTRUCTIVE SURGERY
THE SURGICAL APPROACHES

HIDDEN APPROACHES

The intraoral approach is the best natural approach

Degloving: middle face

Lefort I osteotomy: posterior part of the pterygoid fossae

Section of the soft palate: cavum exposure

Mandible pull through: tongue and floor of the mouth

Commando procedures: mandible

Rhytidectomy approaches

THE SURGICAL APPROACHES

CLINICAL CASES

FEMALE 32

Partial maxillectomy for dental arch carcinoma

Preauricular approach

Superficial temporal vessels dissection

Intraoral approach
EXERESIS AND RECONSTRUCTION THROUGH RHITIDECTOMY APPROACH
(no neck dissection request)

Intraoral approach:
- Tunelisation
- First osteotomy on anterior part
- Tunnelisation toward the upper approach
- Little mucosal exeresis

Aesthetic refinements of the reconstruction

Mandible specimen

Iliac crest free flap
Approach of rhytidectomy:
More you should be anterior on the mandible
More you should dissect posteriorly
Control of the facial nerve
Control of the vessels for microanastomose
Control of the TMJ area

CLINICAL CASE: child 5 - maxillary aggressive fibroma
Two hidden approaches

Maxillectomy

Reconstruction by scapular free flap with serratus muscle and costal bones for orbital floor

Anastomosis on temporal vessels (preauricular approach or facial vessels)
Orbital osteosynthesis

Immediate postoperative result

THE SURGICAL APPROACHES
ASSISTANCES FOR EXERESIS SURGERY
ENDOSCOPY
COMPUTER ASSISTED SURGERY
**II - HISTOLOGY**

**EPIDERMOID CARCINOMA**

**SURGERY THAN IRRADIATION**

or **IRRADIATION than SECONDARY SURGERY**

- Problem of time for the beginning of the irradiation: Realibility of the treatment?
- Problem of the post-operative morbidity

**SARCOMA**

**SURGERY IN TWO TIME WITH CHEMOTHERAY IN BETWEEN**

**SALIVARY GLAND TUMOR**

**LOCAL SURGERY**

**OTHERS TUMORS: LYMPHOMA**

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**III - TNM CLASSIFICATION**

**WHATEVER THE TUMOR IS:**

- Surgery is always possible
- N0 N1 N2 (a,b) possible surgery but Problem for N3
- M +: no indication for surgery except for palliative surgery

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**III - TNM CLASSIFICATION**

**Evaluation of the size and the tumor extension:**

**the third dimension**

( RMN, TDM, new technologies: elasto RMN )

- Prognosis factors: **the fourth dimension**
  - the surgical security margins (no rule)
  - the operative irradiation
IV-ADJUVANT TREATMENTS and CONCOMITTENT TREATMENTS

- INDICATION FOR PREOPERATIVE CHEMOTHERAPY: no more
- THE POST-OPERATIVE IRRADIATION (AND CHEMOTHERAPY): Avoiding delay
- THE PREOPERATIVE IRRADIATION: SECONDARY OR COMPLEMENTARY SURGERY
- SURGERY OF TUMORAL RECURRENT

V-TOPOGRAPHY

- LIP
- TONGUE
- FLOOR OF THE MOUTH
- CHEEK
- BONE STRUCTURE
- SOFT PALATE and OROPHARYNX
- MANDIBLE and GUMS

V-TOPOGRAPHY

LIP
MALE 72: EPIDERMOID CARCINOMA OF THE LIP AND NOSE SEPTUM

RECONSTRUCTION IN TWO STEPS WITH TWO FOREARM FREE FLAPS

V-TOPOGRAPHY

TONGUE
CLINICAL CASE: FEMALE 40
CARCINOMA OF THE TONGUE WITH MANDIBULAR INFILTRATION

LARGE MANDIBLECTOMY
GLOSSECTOMY

RECONSTRUCTION:
GASTRIC FLAP
and ILIAC CREST
CLINICAL CASE: MALE 50 - EPIDERMOID CARCINOMA RECONSTRUCTION BY FOREARM FLAP

Forearm free flap
CLINICAL CASE: FEMALE 50 – EPIDERMOID CARCINOMA POST FLOOR AND OROPHARYNX RECONSTRUCTION BY FOREARM FLAP

V-TOPOGRAPHY

CHEEK

FEMALE 42

FOREARM FLAP
RECONSTRUCTION OF PALATE AND SOFT TISSUE: Units III+V

SOFT PALATE and OROPHARYNX

FUNCTIONAL RECONSTRUCTION OF THE VELUM WITH JEJEUNAL FLAP
FEMALE 58: EPIDERMID CARCINOMA OF THE MANDIBLE

MANDIBULAR RECONSTRUCTION WITH ILIAC CREST FREE FLAP

CLINICAL CASE: EPIDERMID CARCINOMA OF THE RETRO MOLAR AREA WITH MANDIBULAR INVOLVEMENT
VI- THE SURGEON and THE PATIENT

THE SURGEON

- DISSOCIATION OR NOT BETWEEN SPECIALITIES AND COMPETENCIES
- SIMULTANEOUS OR SEQUENTIAL SURGICAL TIMES

→ THE SKILL OF THE SURGEON

The cancer surgeon working exclusively in the head and neck is a separate breed. He may develop his special skills from the base of general surgery, plastic surgery, otorhinolaryngology, or oral surgery. He achieved his standing by the acquisition of special skills which he originated. POSWILLO

VI- THE PATIENT and THE PATIENT

THE PATIENT

- SURGERY IS INDEPENDANT OF THE AGE
  ex: child surgery, elderly surgery

- SURGERY IS DEPENDANT OF THE GENERAL STATUS
  pre-operative evaluation

- SURGERY IS DEPENDANT OF THE PREVIOUS TREATMENT
SARCOMA OF THE MANDIBLE

RECONSTRUCTION WITH A FIBULA FREE FLAP
Man 81
recurrence of
an epidermoid
carcinoma of the lip

Complete resection of the lower lip
Reconstruction by a forearm free flap
VI- THE SURGEON and THE PATIENT

THE PATIENT

SURGERY IS DEPENDANT OF THE AGE

- SURGERY IS DEPENDANT OF THE GENERAL STATUS
  preoperative evaluation

- SURGERY IS DEPENDANT OF THE PREVIOUS TREATMENT

Male 45
01.2000
LARYNGECTOMY
BILATERAL NECK DISSECTION
IRRADIATION
06.03
Extensive radioNecrosis of the skin
Pharyngeal fistula
Serious hemorrhage of the carotid artery
Covering in emergency by pectoralis major

09-03  Refered in Amiens
Repairment of the fistula
Pharyngeal plasty
with jejunal free flap patch
Meshed skin graft
Result: Two months post-operative, intraoral eating.
CONCLUSION

CANCER SURGERY OF THE ORAL CAVITY:

- It is a real mutilation
- It is psychologically very important to:
  « remove the disease »
- It is very demanded

TRANSFORMED BY THE RECONSTRUCTION, CANCER SURGERY IS NOT A INSURANCE AGAINST RECURRENCY.

BUT BAD MANAGED SURGERY COULD CHANGED THE PROGNOSIS!
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