

**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



WHAT IS CANCER SURGERY?

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

"Il est, en effet, impossible d'empêcher l'infection de la plaie cervicale, parce qu'il est impossible, après la résection du plancher de la bouche, d'établir entre celle-ci et le cou une cloison étanche. Je m'y suis appliqué autrefois, d'une part en repoussant tant bien que mal les lambeaux restants de la muqueuse bucco-pharyngée et, d'autre part, en reconstituant un faux plancher par la suture du déglutisseur au masséter, au ptérygoïdien interne, aux vestiges du mylo-hyoïdien, mais je ne suis jamais arrivé à faire que la plaie du cou soit aseptique"

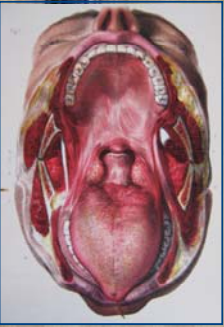

EXERESIS ↔ **RECONSTRUCTION**

SURGERY DEPENDS ON:

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




ANATOMY

BOURGERY JM et JACOB 1831-1854
ATLAS OF HMAN 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 COMPETENCY
 - TONGUE : MOBILITY
 - LIPS
 - DEGLUTITION :**
 - TONGUE
 - LIPS
 - PHARYNX
 - SENSORIALITY** TASTE
- LANGUAGE ARTICULATION



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

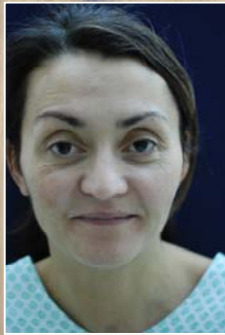
mandible pull through: tongue and floor of the mouth

Commando procedures : mandible

Rhytidectomy approaches

THE SURGICAL APPROACHES

CLINICAL CASES



FEMALE 32

PARTIAL MAXILLECTOMY
FOR DENTAL ARCH CARCINOMA





PREAURICULAR APPROACH
SUPERFICIAL TEMPOROAL VESSELS DISSECTION
TUNNELISATION



INTRAORAL APPROACH

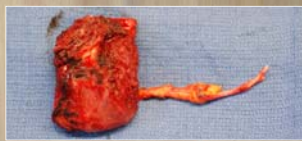
RECONSTRUCTION BY SCAPULA FREE FLAP



PRESURGICAL MODELLING OF THE DEFECT

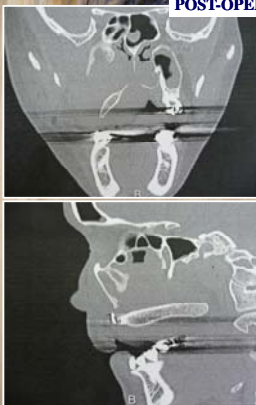


DESIGN OF THE CICATRISATION PLATE

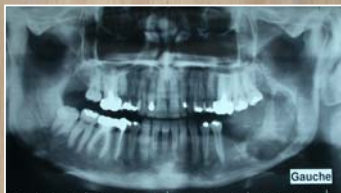
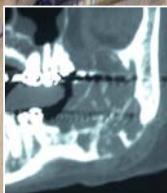


SHAPING OF THE SCAPULAR FLAP

POST-OPERATIVE TDM



SECOND CASE: MANDIBULAR ANGLE AMELOBLASTOMA



**EXERESIS AND RECONSTRUCTION
THROUGH RHITIDECTOMY APPROACH**

(no neck dissection request)



Intraoral approach :

- Tunnelisation
- First osteotomy on anterior part and 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

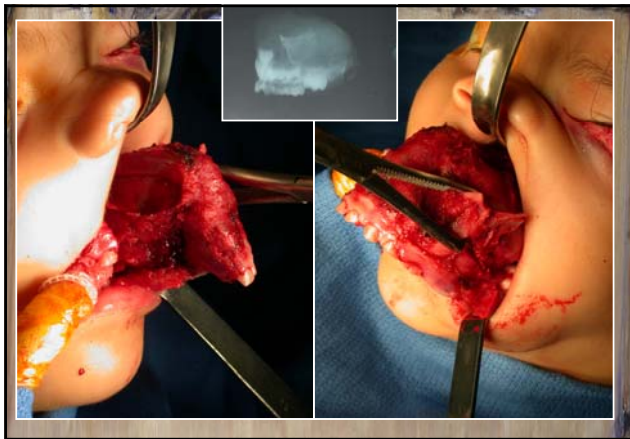


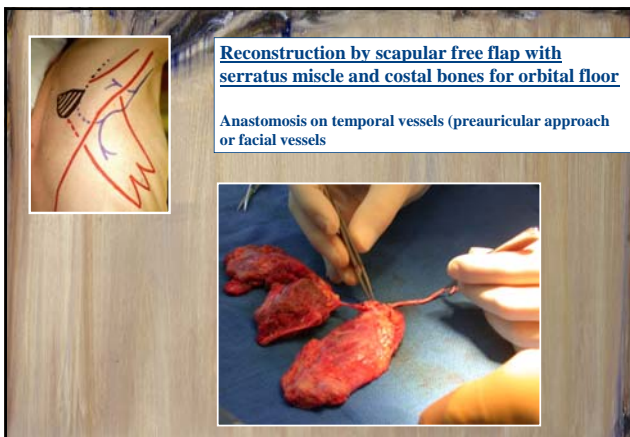


CLINICAL CASE: child 5- maxillar aggressive fibroma















II -HISTOLOGY

EPIDERMOID CARCINOMA

SURGERY THAN IRRADIATION

or **IRRADIATION** than **SECONDARY SURGERY**


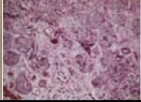
-PROBLEM OF TIME FOR THE BEGINNING OF THE IRRADIATION: REALIBILITY OF THE TREATMENT?
-PROBLEM OF THE POST-OPERATIVE MORBIDITY

SARCOMA

SURGERY IN TWO TIME WITH CHEMOTHERAY IN BETWEEN

SALIVARY GLAND TUMOR LOCAL SURGERY

OTHERS TUMORS: LYMPHOMA.....


III -TNM CLASSIFICATION

WHATEVER THE TUMOR IS :

- Surgery is always possible

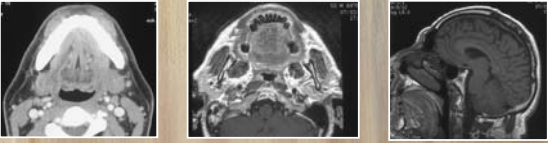
-N0 N1 N2 (a,b) possible surgery but Problem for N3

-M +: no indication for surgery except for palliative surgery



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

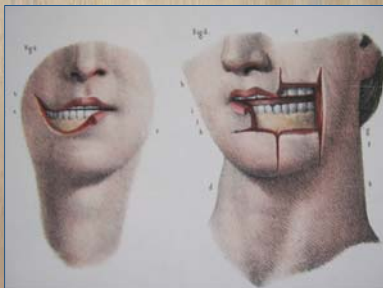
SURGERY OF TUMORAL RECCURENCY

V-TOPOGRAPHY

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

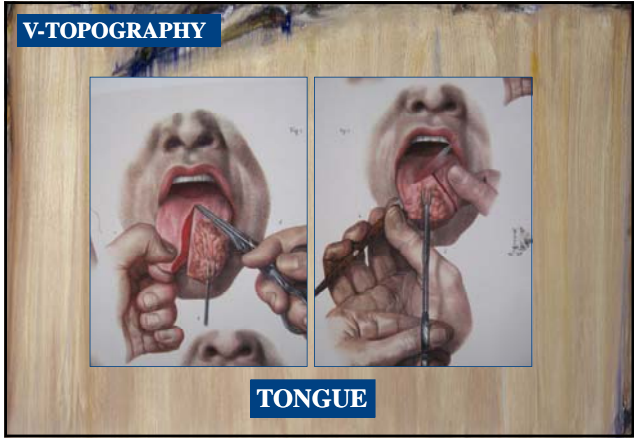
V-TOPOGRAPHY

LIP









**ANALYSIS OF THE RECONSTRUCTION GOALS :
DESIGN AND PLACEMENT OF THE FLAP**

LATISSIMUS DORSI FLAP



HAUGHEY tongue reconstruction : concept and practice
laryngoscope 1132-1141 ,103 ,1993

ANALYSIS: CONCEPT OF RECONSTRUCTION

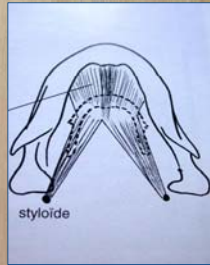
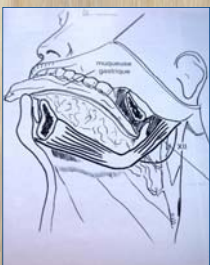
LATISSIMUS DORSI FREE FLAP

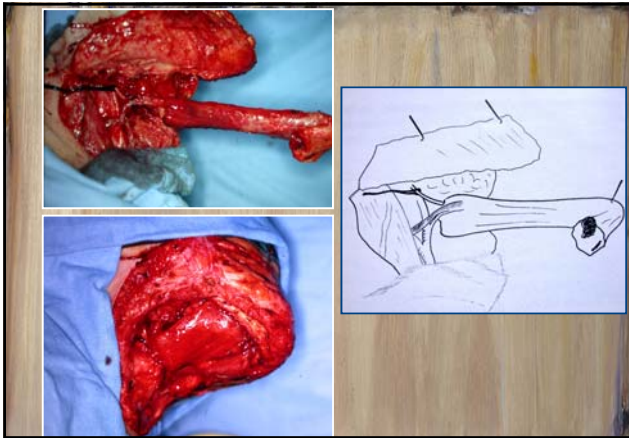


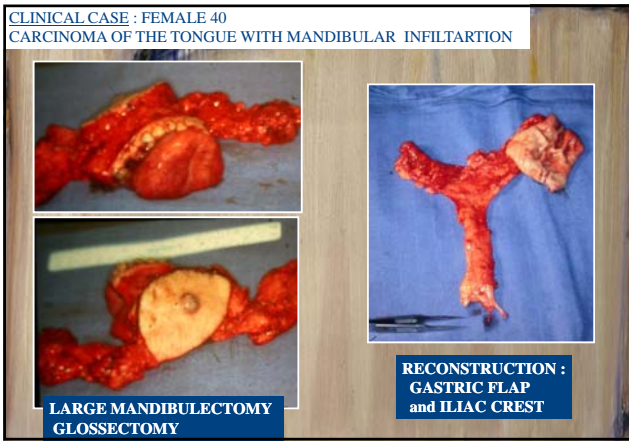
ONE MONTH AFTER TOTAL GLOSSECTOMY

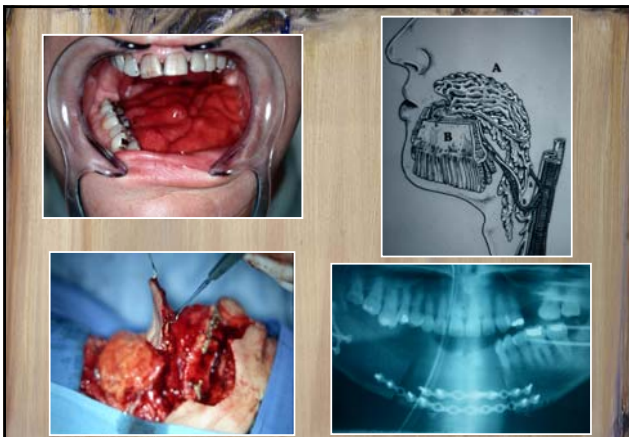
**ANALYSIS:
DESIGN AND PLACEMENT OF THE FLAP**

GRACILIS UNDER A GASTRIC FLAP

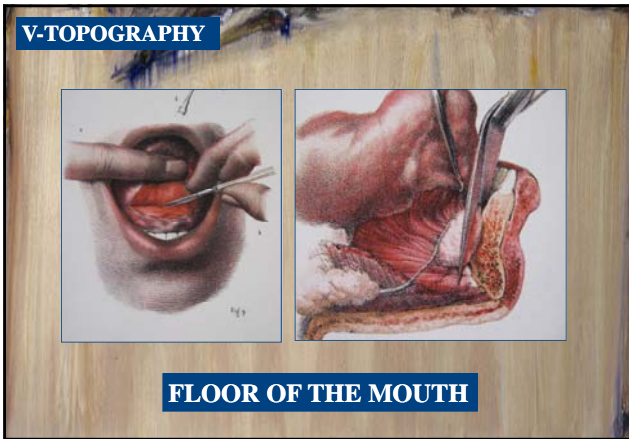


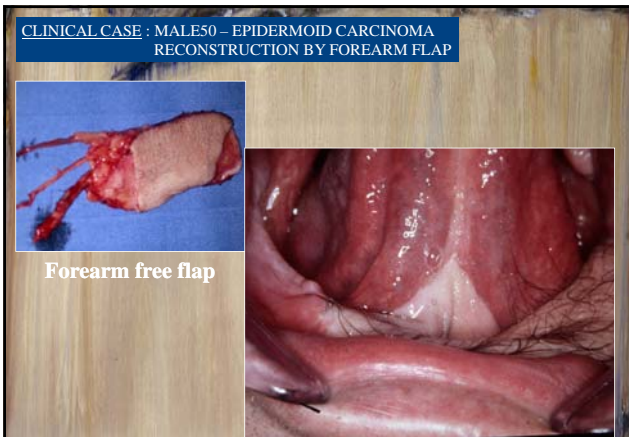












CLINICAL CASE : FEMALE 50 – EPIDERMOID CARCINOMA POST FLOOR AND OROPHARYNX RECONSTRUCTION BY FOREARM FLAP



V-TOPOGRAPHY



CHEEK

FEMALE 42



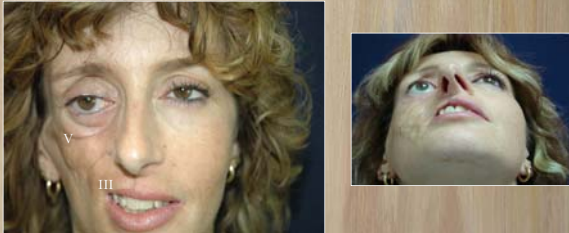
FOREARM FLAP

V-TOPOGRAPHY



MIDDLE FACE

RECONSTRUCTION OF PALATE AND SOFT TISSUE : Units III+V



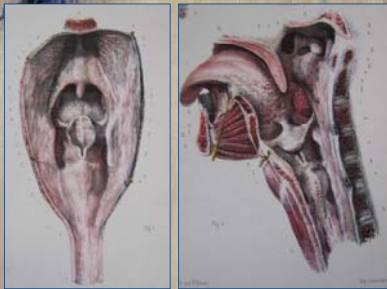
RECONSTRUCTION OF PALATE AND SOFT TISSUE : Units III+V



RECONSTRUCTION OF PALATE AND SOFT TISSUE : Units III+V



V-TOPOGRAPHY

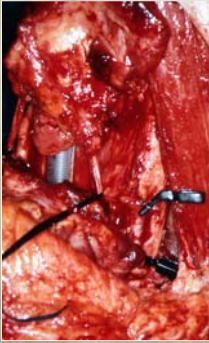


SOFT PALATE and OROPHARYNX

FUNCTIONAL RECONSTRUCTION OF THE VELUM WITH JEJEUNAL FLAP



PHARYNGEAL RECONSTRUCTION



TUBULISED FOREARM

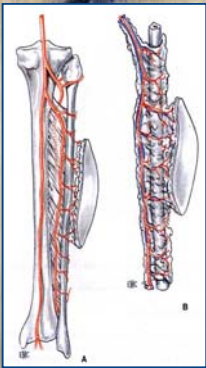


V-TOPOGRAPHY



MANDIBLE and GUMS

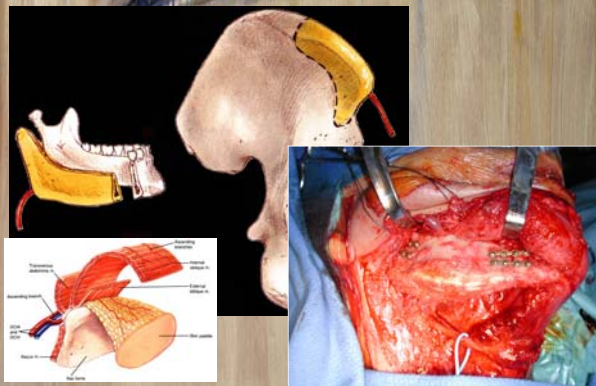
MANDIBULAR RECONSTRUCTION WITH FIBULA FREE FLAP



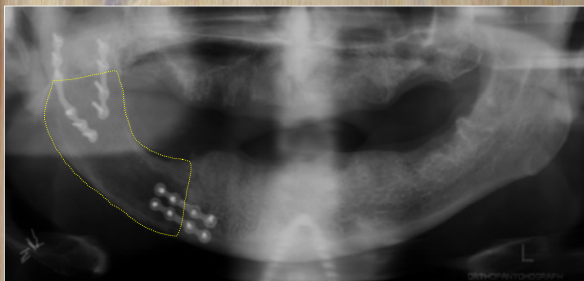
FEMALE 58 : EPIDERMIOID CARCINOMA OF THE MANDIBULE

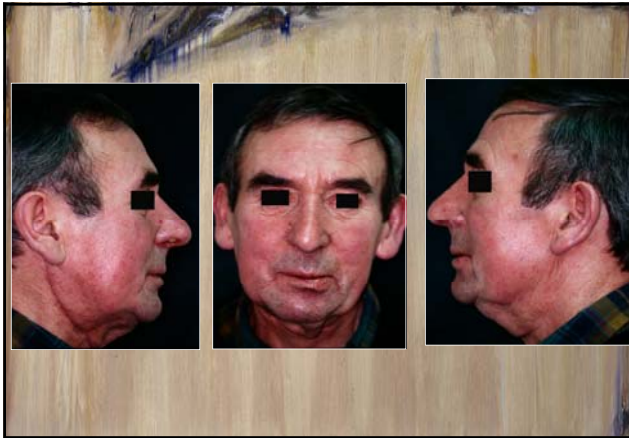


MANDIBULAR RECONSTRUCTION WITH ILIAC CREST FREE FLAP



CLINICAL CASE : EPIDERMIOID 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

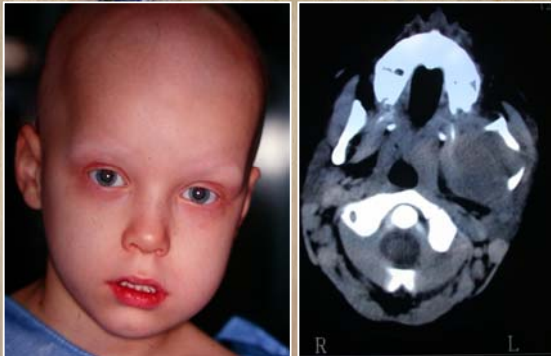
VI- THE SURGEON and THE PATIENT

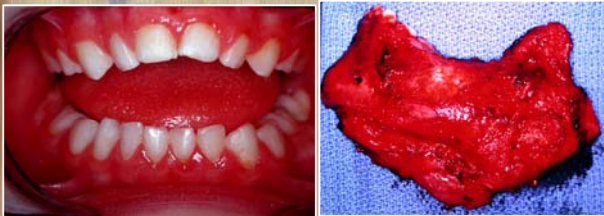
THE PATIENT

- 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

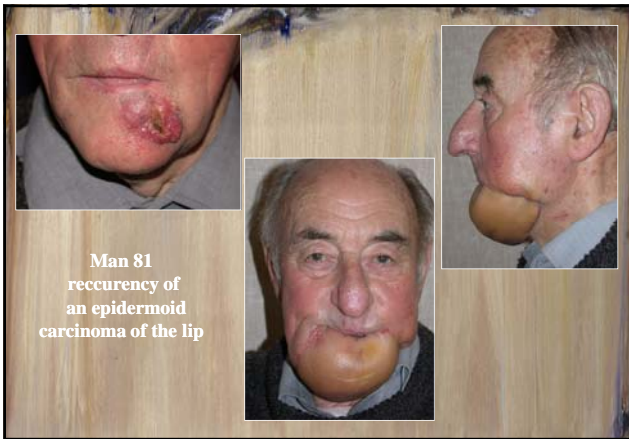


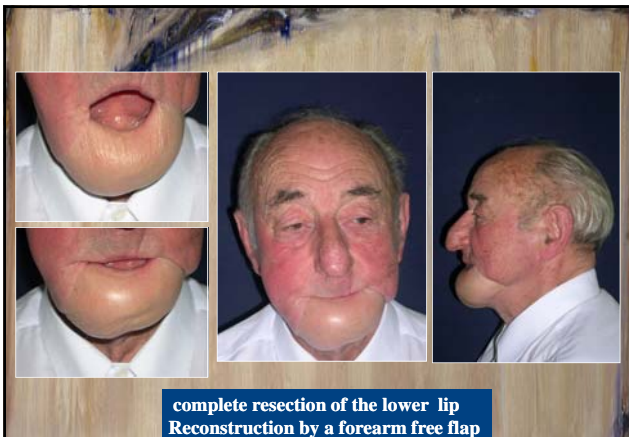




RECONSTRUCTION WITH A FIBULA FREE FLAP







VI- THE SURGEON and THE PATIENT

THE PATIENT

-SURGERY IS INDEPENDENT OF THE AGE
ex: child surgery
adult surgery

-SURGERY IS DEPENDANT OF THE GENERAL STATUS
preoperative evaluation

-SURGERY IS DEPENDANT OF THE PREVIOUS TREATMENT

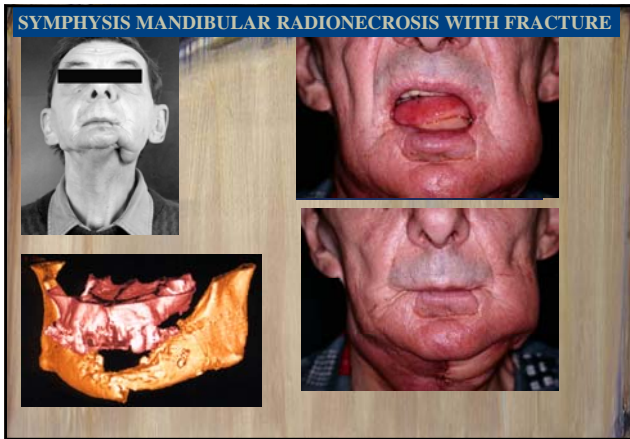


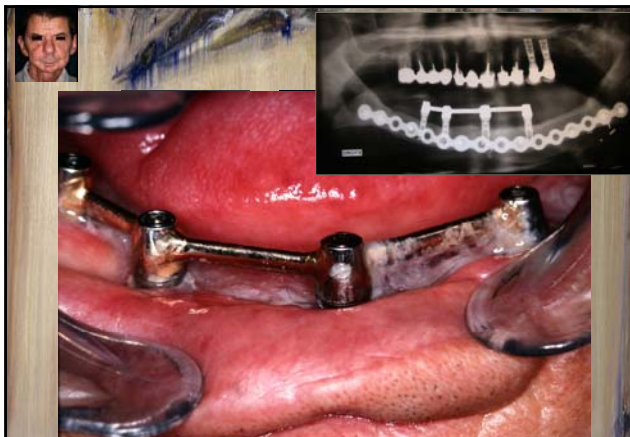
Male 45
01-2000
LARYNGECTOMY
BILATERAL NECK DISSECTION
IRRADIATION
06-03
Extensive radioNecrosis of the skin
Pharyngeal fistula
Serious hemorrhagia of the carotid artery
Covering in emergency by pectoralis major



09-03 Referred in Amiens
Repairement of the fistula
Pharyngeal plasty
with jejunal free flap patch
Meshed skin graft








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


→ Elegance



TRANSFORMED BY THE RECONSTRUCTION, CANCER SURGERY IS NOT A INSURRANCE AGAINST RECCURENCY.



**BUT BAD MANAGED SURGERY
 COULD CHANGED THE PROGNOSIS !**





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