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面颈胸旋转皮瓣联合颞肌筋膜瓣修复恶性肿瘤扩大切除手术后颊部洞穿缺损

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摘 要:【目的】 评价面颈胸旋转皮瓣复合颞肌筋膜瓣修复恶性肿瘤扩大切除手术后颊部大面积洞穿缺损的效果。**【方法】** 8 例颊部恶性肿瘤(原发鳞状细胞癌 4 例, 复发鳞状细胞癌和皮肤基底细胞癌各 2 例)扩大手术切除术后, 分别用颞肌筋膜瓣和面颈胸旋转皮瓣修复颊部黏膜皮肤缺损。**【结果】** 无感染, 无失败病例, 外形满意。经 6 个月至 24 个月随访, 有 1 例肿瘤复发, 全部病者存活。**【结论】** 面颈胸旋转皮瓣复合颞肌筋膜瓣修复颊部肿瘤切除术后大面积洞穿缺损的效果理想。

关键词: 口腔颌面肿瘤/外科学; 面颈胸旋转皮瓣; 颞肌筋膜瓣; 颊缺损; 修复
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Reconstruction of Through-and-through Cheek Defects Following Extensive Surgical Dissection of Malignant Tumor Using Facio-cervico-pectoral Flap and Temporalis Myofascial Flap

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Abstract: 【Objective】 To evaluate the results of facio-cervico-pectroral rotation flap (FRF) and temporal myofascial flap (TMF) used to repair through-and-through cheek defect following extensive surgical dissection of buccal malignant tumors. 【Methods】 Eight patients with buccal malignant tumors (4 squamous cell carcinomas, 2 recurrent sarcomas cell carcinomas and 2 recurrent basal cell carcinoma) were treated by extensive surgical dissection, and the buccal mucosa have been repaired with the TMF and the large buccal skin defect have been reconstruction with the FRF. 【Results】 No infection was encountered. There was no case of total flap failure. The results of facial aesthetics were satisfactory in all patients. Follow-up periods varied from 6 to 24 months, all of the patients survived. One patient's tumor recurred. 【Conclusion】 Combining the FRF with the TMF is feasible for repairing extensive through-and-through cheek defects following extensive surgical dissection of buccal malignant tumors.

Key words: oral and maxillofacial tumor/surgery; facio-cervico-pectoral flap; temporal myofascial flap; buccal defect; reconstruction

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颊部恶性肿瘤往往需要作扩大切除手术, 手术造成大面积颊部洞穿性缺损。颊部复合组织缺损修复较为困难。我们于 2002 **年** 10 **月至** 2004 **年** 10 **月用面颈胸旋转皮瓣** (facio-cervico-pectoral rotation flap, FRF) **联合颞肌筋膜瓣**(temporalis myofascial flap, TMF)**修复** 8 **例颊面部恶性肿瘤手**

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术切除术后大面积颊部洞穿性缺损获理想疗效，现报告如下。

1　资料与方法

1.1　一般资料

8 例颊部恶性肿瘤病者中，男 6 例，女 2 例，年龄 38 岁至 76 岁，平均 53.8 岁。其中原发鳞状细胞癌 4 例（其中 $T_4N_1M_0$ 期 3 例，$T_4N_0M_0$ 期 1 例），复发鳞状细胞癌 2 例（$T_4N_1M_0$ 期和 $T_4N_0M_0$ 期各 1 例）和皮肤基底细胞癌 2 例（均为 $T_4N_0M_0$ 期）。

1.2　治疗方法

1.2.1　原发病灶扩大切除　用美兰划出颊部病灶的切除安全范围（图 1），全部病例均作病灶扩大切除，范围包括受累及皮肤、皮下组织、颊肌、颊黏膜以及受累上、下部分颌骨。切缘达安全缘（切缘边界组织学检查未见肿瘤）。颊部洞穿缺损面积最小为 7 cm×6 cm，最大为 9 cm×9 cm，平均缺损面积为 60.5 cm^2。

1.2.2　TMF 和 FRF 制备　在同侧颞部作一大冠状切口，作为暴露颞肌制备 TMF 的切口。FRF 切口为面、耳前耳垂大弧形过斜方肌中份前缘，往下越过锁骨中外 1/3，止于胸部第三、四肋间（图 1A）。颊部病灶扩大切除后（图 1B），切开头皮于帽状腱膜深面分离 TMF，该肌瓣于下颌骨喙突和颞浅动静脉为蒂（图 1C），沿颅骨膜下剥离后，将 TMF掀起，矢状剖开颞肌以增大颞肌面积，TMF 向下内旋转，肌筋膜侧作为口腔黏膜面（图 1D）。FRF 于面颈部中线为蒂，切口始于缺损区外侧上缘，经切颞部、颧区、耳前绕过耳垂过斜方肌前缘，于锁骨中外 1/3 交界，在锁骨下止于胸部正中第三、四肋间（图 1E）。在面部区域，皮瓣包括面浅肌腱膜浅面；在颈部，皮瓣包括颈阔肌；在胸部，皮瓣在胸大肌筋膜浅面（图 1F）。如需作颈淋巴清扫，此时可同时进行。FRF 被分剥离制备后，将之向上向缺损区方旋转覆盖眼窝已被 TMF 充填的眶皮肤缺损区（图 1G）。皮下置负压引流。术后加压包扎。

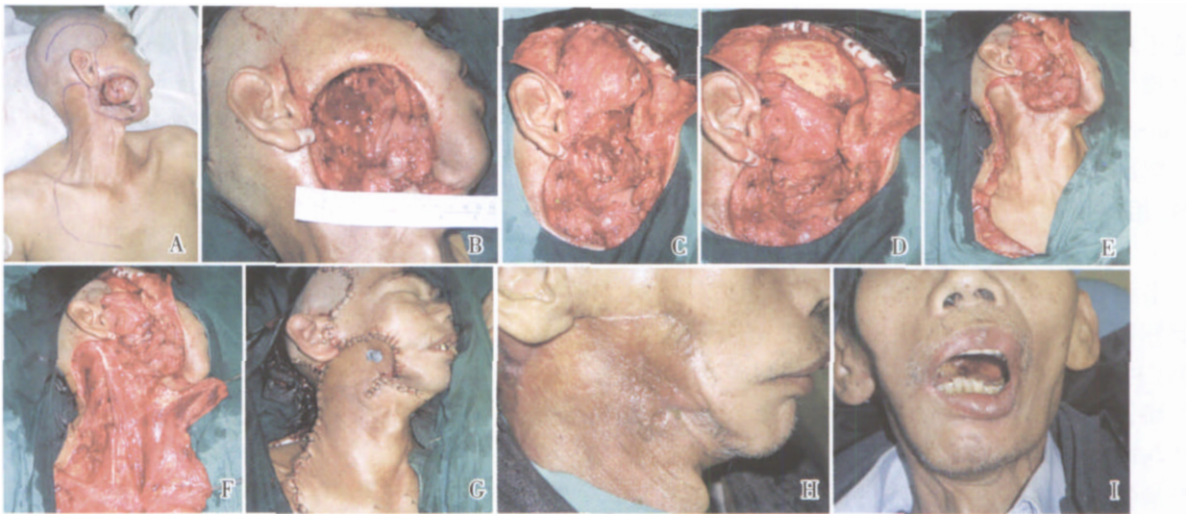

图 1　手术方法与结果示意图

Fig.1　Methods and results of the operation

A: The patient was a 56-year-old male with buccal recurrent squamous cell carcinomas, the incision liner outline for resection of the tumor, and elevation of dissection the TMF and the FRF; B: Following resection of the buccal tumor, the cheek through- and -through defect was 9 cm×9 cm in size; C: The entire temporalis muscle was dissected after the scalp had been raised; D: The TMF was transposed to the defect in the cheek for buccal membrane after elevation; E: The incision begin in the mastoid process, and is the continued along the anterior cdgc of the trapezius muscle, the lateral third of the clavicle, and extending into the pectoral region up to the third intercostals space; F: The anterior border of the FRF was separated from the strap muscle. G: The flap was rotated to the cheek for the skin defect; H: Lateral view of 6 months postoperation; I: Frontal view of 6 months postoperation

2　结　果

全部皮瓣和肌筋膜瓣存活，有 1 例远端皮瓣小部分坏死，另 1 例皮瓣小部分裂开，经保守治疗伤口愈合。病者面部外观满意，张口度正常（图 1H, 1I）。5 例能进食软食，3 例能进食流质，经 6 个月至 24 个月随访，有 1 例术后 9 个月肿瘤复发，

带瘤生存。

3 讨 论

颊部恶性肿瘤扩大切除术后大面积洞穿缺损修复临床上仍是非常值得探讨的问题。Urken 等[1](1991 年)用腹直肌游离皮瓣修复头部缺损获得较理想效果。但皮瓣颜色、质地和柔韧性较面部皮肤差距比较大，皮瓣亦显臃肿。近年来有用前臂皮瓣、股前外侧皮瓣、腓骨皮瓣修复颊部洞穿性缺损[2,3]。但有皮瓣失败、骨髓炎、皮瓣部分坏死、皮瘘等并发症[3]。由于 FRF 质地、颜色以及弹性与缺损区皮肤相似，美容效果较游离皮瓣优[4]。Cook 等[5](1991 年)用颈旋转皮瓣(cervical rotation flap)修复面中部缺损优于其它带血管蒂皮瓣或游离皮瓣。Soler-Presas 等[6](1997 年)利用面颈胸旋转皮瓣(facio-cervico-pectoral rotation flap)修复面中部软组织大面积缺损获得良好效果。由于 TMF 邻近颊部，组织量足，取材容易，血运丰富，成活率高，表面的颞肌筋膜可自行上皮化而不需植皮，TMF 移植于口腔内术后 1～4 个月筋膜表面可完成上皮化过程[7]。有用带蒂颞肌瓣修复口内黏膜缺损[8]。Cuesta-Gil 等(2004 年)联合 FRF 和 TMF 两种带蒂组织瓣用于面中份大面积缺损，技术操作比较容易，组织瓣成活率高，修复后面部外形和功能良好[9]。

本组 8 例颊部恶性肿瘤手术切除术后软组织大面积颊部洞穿缺损用 FRF 和 TMF 修复获理想效果。FRF 可以作为面中部缺损皮肤覆盖，上可达眶上嵴，内侧达中线，成功率高，皮肤颜色、质地和韧性与缺损区一致，不需开辟额外手术区，同侧颈淋巴清扫同时进行。皮远端皮瓣小部分坏死和皮瓣小部分裂开病例与局部张力过大有关。FRF 血供主要由皮下血管网提供，皮瓣成活关键是减少张力缝合[10]。FRF 与 TMF 联合应用修复颊部大面积洞穿缺损，肿瘤能得到扩大切除，手术方法较简单，外形及功能较好，是颊部肿瘤切除术后大面积洞穿缺损修复的理想方法。

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