Reconstruction Of Facial Defect In Cancrum Oris

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KEY WORDS

Composit tissue loss.

ABSTRACT

Reconstruction of composite, massive tissue loss in 12 cases of cancrum oris is carried out. Three different flaps have been used and their merits are listed.

INTRODUCTION

Cancrum oris or noma is an acute gangrenous process of the oral and perioral structures. The condition affects young children during or after a severe febrile illness. It starts as a painful mucosal or oromucocutaneous ulceration of the mouth and spreads over the base of jaw in all directions, resulting into full thickness tissue loss. Examination reveals an indurated chronic ulcer near gigivomucosal fold over the mucous membrane with oedema, and purulant discharge. Later as a sequele, slough and gangrene results. The final picture is of a scar which is adherent to gums and alveolar margins. Maxilla and mandible are some times affected. Resulting sequenstrum separates fairly early from the living osseous tissue. In such cases trismus often results.

MATERIAL AND METHOD

Three out of 15 cases presented in an acute state. The rest 12 came when scar had formed and thus for reconstructions. Eight of them were males and 7 were females. The defect was unilateral in all the patients. Left side was more commonly involved than the right. (In a ratio of 8:4).

Distribution of lesion

Site	Total no. of cases (12)
i) Lower lip	Nil
ii) Upper lip	4
iii) Upper and lower lips	5
iv) Upper and lower lips and nose	3

Figures

1. (a.b.c) Transverse Cervical Pre and Post Op
2. (a.b.c) Acromio Cervical Fla.p
3. (a.b.c) Acromio Cervical Flap.

In treatment of acute phase, importance of oral hygiene cannot be over emphasised nor gentle care of the living tissue next to necrotising sluff.

Cases that come for reconstruction, need release of trismus by scar excision and appropriate amounts of living tissue needs to be transferred. Selection of proper flaps of adequate size for cover and lining go a long way in achieving desired results.

In current study following three types of flaps were used.

i) Acromio pectrol .. .. (7 cases)
ii) Transcervical .. .. (4 cases)
iii) Apron flap as a lining and cover by transverse forehead flap. .. ... (1 case)

DISCUSSION :

In 7 cases Acromio thorasic flap for both lining and cover was used. Disadvantage that was noticed in this flap use was its bulkiness and aesthetically, less satisfaction. To control drooling and dribbling of saliva this needs remodelling at a later date. This flap is to be still used as an alternative flap where forehead is short and large amount of tissue is needed. In females a trans cervical flap works best. Cases where defect is not large in width and yet stretches to the angle, transcervical flap as lining and transverse forehead for cover gives best results. The acromiopectoral flap and trans cervical flaps can provide abundent lining and cover both, but at a later date reshaping becomes necessary. Tensor facia lata as a sling sometimes is used for control of dribbling of saliva.

CONCLUSION :

Cancrum oris offers a reconstructive plastic surgeon a formidable challenge where large amounts of tissues have to be brought in and aesthetically acceptable and functionally desirable results are expected. Much needs to be done yet, to achieve functional orbicularis sphincter activity.

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