

## **Optimizing survival of large fibula osteocutaneous flaps for extensive full-thickness oromandibular defects: A two-stage approach with temporary orocutaneous fistula.**

Ciudad P, Huang TC, Manrique OJ, Agko M, Adabi K, Nicoli F, Saçak B, Kiranantawat K, Moran SL, Chen HC.

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### Abstract

**INTRODUCTION:** Composite and large head and neck defects requiring extensive skin-mucosa coverage are often reconstructed by combining flaps. Herein, we present a simple and reliable two-stage fibula osteocutaneous (FOC) flap technique to improve the survival of a large skin paddle for oromandibular reconstructions. **METHODS:** From October 2011 to September 2016, 47 patients with through-and-through oromandibular defects were reconstructed using FOC flaps with large skin paddles. To ensure optimum survival of skin paddles, temporary orocutaneous fistula were left in place and closed during the second stage operation via de-epithelialization of the skin paddle and suturing of mucosa. Demographic data, operative details, and postoperative complications were recorded. **RESULTS:** The skin paddle dimensions ranged from 20 to 31.5 cm in length and 12 to 17 cm in width with an average area of 430.4 cm<sup>2</sup> (range 300-504). The average time between the two stages and hospital stay were 10 days and 14 days, respectively. Complications at the donor site included wound dehiscence (n = 3, 6.4%), partial skin graft loss (n = 3, 6.4%) and hematoma (n = 2, 4.3%). Recipient site complications included two (4.3%) early postoperative venous congestions that resolved after elevation and three (6.4%) partial skin flap necrosis (less than 5% surface area). All complications resolved with bedside conservative management. There was only one take-back for evacuation of recipient site hematoma (2.1%) but no flap loss. **CONCLUSION:** Two-staged large skin paddle FOC flaps can simplify reconstruction of extensive oromandibular defects by improving the reliability of the sizable skin paddle and negating the need for a second flap.

## **Fístula esofágica en saco ciego.**

Luna-Abanto J, Laura Martínez J.

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### Abstracto

Una mujer de 55 años presentó disfagia y un tumor cervical predominantemente izquierdo. La Tomografía Computarizada del cuello mostro' una masa solida dependiente del esófago proximal y una fistulación asociada a la acumulación de contenido de aire extendido a los tejidos blandos. El tránsito esofágico advirtió la presencia de una fístula del saco ciego en el espacio paratraqueal izquierdo. La endoscopia digestiva alta reportó, a nivel cricofaríngeo, la presencia de un tumor friable y estenosante. La biopsia de tumor de esófago cervical informo' la presencia de un carcinoma de células escamosas moderadamente diferenciado. El 50% de las fístulas aerodigestivas son secundarias a las neoplasias malignas y el 4,5% de los pacientes con cáncer de esófago desarrollarán potencialmente una neoplasia maligna durante el curso de la enfermedad.

## **Orbital metastasis diagnosed by ultrasound-guided fine-needle aspiration biopsy: Case report of unknown primary site.**

Cruzado-Sánchez D, Sánchez-Ortiz J, Peralta CI, Tellez WA, Maquera-Torres G, Serpa-Frías S.

Arch Soc Esp Oftalmol. 2019 Aug 1.

### Abstract

Twenty five percent of orbital metastasis is usually of unknown primary origin and it requires histopathological and immunohistochemical confirmation. The fine-needle aspiration biopsy of the orbit is an alternative procedure to conventional orbitotomy. The case is presented of a 60 year-old woman with a right orbit tumour mass and neoplastic lesions in her brain and cranium. As an incidental finding, she had a thrombus in her left atrium, and so an orbitotomy procedure was ruled out. An ultrasound-guided fine-needle aspiration biopsy was performed instead with rapid on-site evaluation of biopsy samples. These showed malignant cells of a lung adenocarcinoma, which was confirmed with immunohistochemistry and chest diagnostic images. In conclusion, biopsy samples obtained by fine-needle aspiration biopsy, together with cytopathological and immunohistological analysis, enabled orbital metastasis to be identified in the case described, and showed that fine-needle aspiration biopsy is a safe, effective, and minimally invasive alternative.

## **Conjunctival squamous cell carcinoma: prognostic factors for the recurrence and metastasis and clinicopathological characteristics at an oncological hospital in Peru.**

Cruzado-Sanchez D, Tellez WA, Villarreal-Aguilar B, Melendez M, Olivera A, Moran F, Serpas-Frias S, Cordero-Garcia R.

Br J Ophthalmol. 2019 Oct 11.

### Abstract

**BACKGROUND/AIMS:** Conjunctival squamous cell carcinoma (CSCC) is the most frequent malignant tumour of the conjunctiva, with scarce recurrence and infrequent metastasis. The purpose of this study is to describe the clinical and pathological characteristics of this neoplasm and to identify the prognostic factors for recurrence and metastasis in a cancer hospital in Peru. **MATERIALS AND METHOD:** A longitudinal, retrospective study of 176 consecutive patients diagnosed with SCC of the conjunctiva. Sociodemographic and clinical characteristics were evaluated. In addition, Kaplan-Meier curves were performed, and Cox regression was used to determine prognostic factors for recurrence and metastasis over time. **RESULT:** Only 12.5% presented tumour size  $\leq 5$  mm. The highest proportion according to the histopathological type was the well-differentiated infiltrative forms (40.9%), and according to tumour, node, metastases (TNM), stage T3 was the most frequent (31.3%). The most performed initial treatment was orbital exenteration (38.6%). The proportion of recurrence was 6.8% and 8.0% for metastasis. The annual survival rate was 7% and the annual metastasis rate was 6%; for recurrence after 5 years, the survival rate was 11% and the metastasis rate was 14%. No prognostic factor evaluated was significant. **CONCLUSION:** This is the most extensive patient study in Latin America with CSCC, with a high proportion of advanced histopathological grade, TNM stages, and radical treatments such as exenteration. Recurrence rates on average are similar to other reported studies, and it describes the rates of metastasis that have been poorly described in the literature

## **Neuroendocrine carcinoma of the nasal cavity.**

Zapata Ojeda EY, García Ruiz L, Culqui Perez A, Luna-Abanto J.

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