



Letter to the editor

Free flaps in head and neck reconstruction in patients affected by vasculitis: To risk or not to risk?



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Dear Editor,

Due to improvement in multimodality treatment, in last years we observed an increase in survival in patients affected by oral squamous cell carcinoma (OSCC); since surgery is the goal standard of treatment, it is mandatory to ensure them the best reconstructive option in order to maintain adequate quality of life [1]. Free flaps reconstruction is the best choice, even it is contraindicated in a small number of patients affected by vascular disease or major comorbidities [2]. More in particular, main surgical problem associated with free flaps in patients with underlying vasculitis is represented by the fact that vessels outside the zone macroscopically affected could be involved, thus reducing the reliability of the flap [3]. Literature is quite poor about microvascular free tissue transfer in case of vasculitis or autoimmune disease, and only two free flap reconstructions in a patient affected by systemic lupus erythematosus [3] and in another one with Buerger disease are de-

presented to our center with a cT3N1 SCC of the floor of the mouth (Fig. 1A). She underwent anterior buccopelvectomy and marginal mandibular resection en-bloc with bilateral selective neck dissection (levels I-IV on the right side and level I-III on the left side) using “pull-through” technique. In order to prevent oro-cervical fistula and bone exposure due to osteonecrosis, [5,6] anterolateral thigh (ALT) flap was performed to reconstruct the residual defect. According to our protocol, patient underwent anticoagulant therapy for the first 5 days after surgery and then cardiaspirin until the 40th post-operative day. In addition, systemic steroids was administered for 14 days in order to prevent vasculitis (that in Behcet disease is characterized by lower extremity vein and pseudoaneurysms of large or medium sized arteries and stenoses/occlusions of distal run-off arteries [7]). No complications were observed, except for surgical site infection by *Pseudomonas aeruginosa* that resolved with antibiotics. Histological examination confirmed a G3 SCC staged as pT3N0 Pn1 so that she underwent adjuvant radiotherapy.

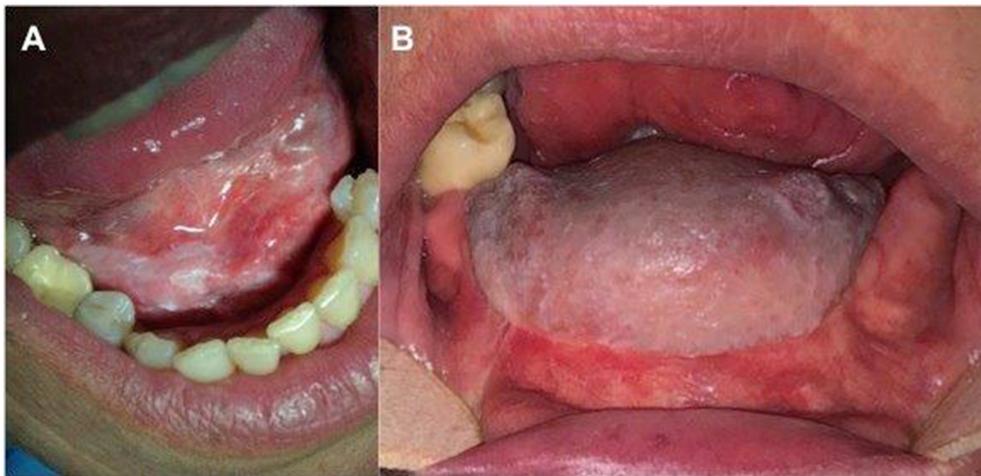


Fig. 1. (A) Pre operative intraoral view; (B) post operative intraoral view (2 months after radiotherapy).

scribed [4]. We report the case of a 48 year-old caucasian woman affected by Behcet's disease previously treated with Adaluminab that

At 10 months follow-up patient is free from disease and no bone exposure has been observed (Fig. 1B). We think that free-tissue transfer is

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challenging in patients with vasculitis and autoimmune disorders, but also that it should not be considered as an absolute contraindication. Anticoagulant therapy, systemic steroid and antibiotics are fundamental in order to prevent complications more in this group of patients.

Conflict of interest

None declared.

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