

## **Pectoralis major myocutaneous flap reconstruction in head and neck surgery--experience with 60 cases.**

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### **Author information**

### **Abstract**

The aim of this paper is to evaluate the results of the use of the pectoralis major myocutaneous flap for reconstruction in 60 otolaryngology--head and neck patients over a five year period. There were 52 patients with Stage III (30%) and Stage IV (70%) untreated squamous cell carcinomas. Of the eight recurrent tumours, three patients had nasopharyngeal carcinoma with extensive post-radiation neck failures requiring extended neck dissections and flap reconstruction. The oral cavity and oropharynx were the predominant sites for reconstruction accounting for 70% of the operations performed. Twenty-eight patients had composite resections, ten with pectoralis osteo-myocutaneous flap incorporating a vascularised split sternum bone graft and titanium plate fixation for immediate mandibular reconstruction. All 52 patients underwent post-operative radiation. Major necrosis did not occur but minor tip necrosis of the skin island occurred in two cases (3%). The mean hospitalisation was 19 days for all patients and 21 days for patients with composite resections. The pectoralis major myocutaneous flap in our experience is not only a versatile flap but also a very reliable and robust flap for single stage immediate head and neck reconstruction.