



Università
degli Studi
di Ferrara



SERVIZIO SANITARIO REGIONALE
EMILIA-ROMAGNA
Azienda Ospedaliero - Universitaria di Ferrara

PDTA DEL PAZIENTE CON NEOPLASIE DEL DISTRETTO CERVICO FACCIALE

Chirurgia Plastica Ricostruttiva

Dr. Federico Contedini

U.O. Chirurgia Plastica

DISTRETTO CERVICO-FACCIALE

Neoplasie del:

CAVO ORALE

RINOFARINGE

OROFARINGE

IPOFARINGE

LARINGE

GHIANDOLE SALIVARI

SENI PARANASALI

METASTASI LATEROCERVICALI DI ORIGINE IGNOTA

Chirurgia demolitiva

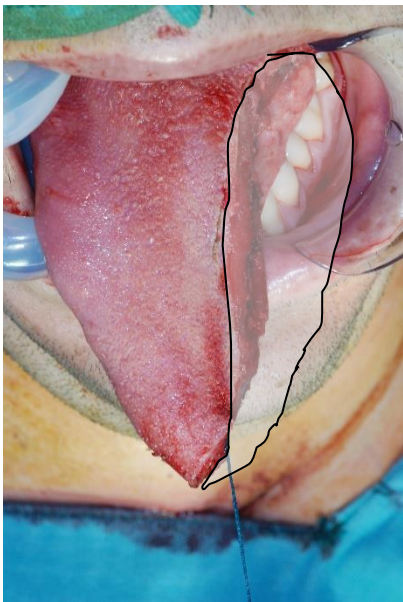
```
graph TD; A[Chirurgia demolitiva] --> B[Il fine è la radicalità]; B --> C[DANNI FUNZIONALI]; B --> D[DANNI ESTETICI];
```

The diagram illustrates the concept of demolitive surgery. At the top, the text 'Chirurgia demolitiva' is written in a bold, black, serif font. A large, light gray arrow points downwards from this text to a green rectangular box containing the italicized phrase 'Il fine è la radicalità'. From the bottom of this green box, two curved, light gray arrows branch out to point towards two separate blue rectangular boxes at the bottom. The left blue box contains the text 'DANNI FUNZIONALI' and the right blue box contains 'DANNI ESTETICI', both written in a bold, red, italicized serif font.

Il fine è la radicalità

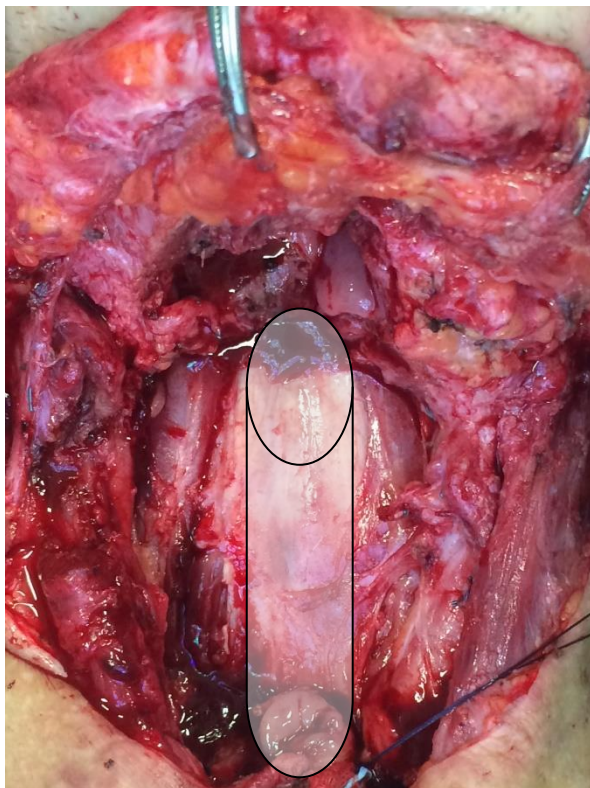
***DANNI
FUNZIONALI***

***DANNI
ESTETICI***



Ripercussioni funzionali

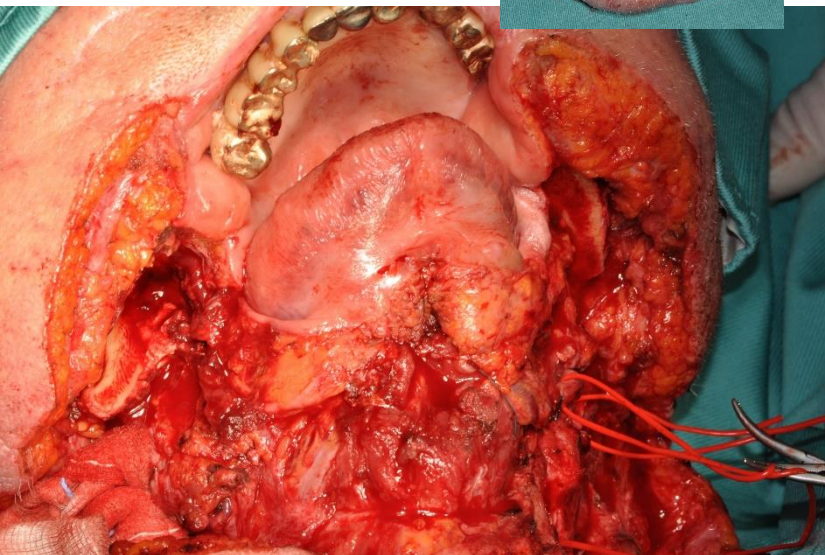
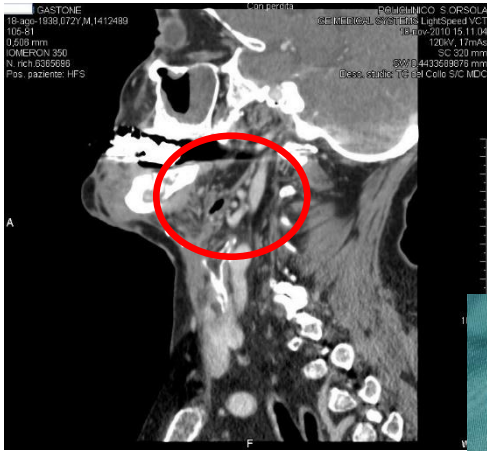
La chirurgia radicale
determina difetti con
implicazioni drammatiche
per la masticazione,
deglutizione, fonazione





Ripercussioni estetiche

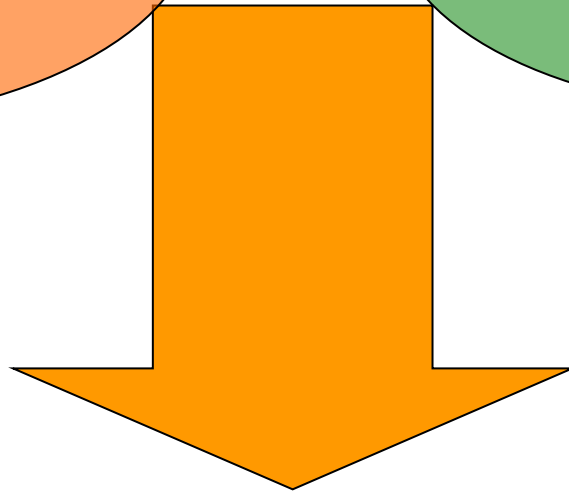
La chirurgia radicale
se coinvolge anche la cute del volto
o le strutture ossee del massiccio
faciale determina danni estetici
con gravi ripercussioni
della sfera psicologiche



gli obiettivi della chirurgia plastica

Recupero
funzionale

Recupero
estetico



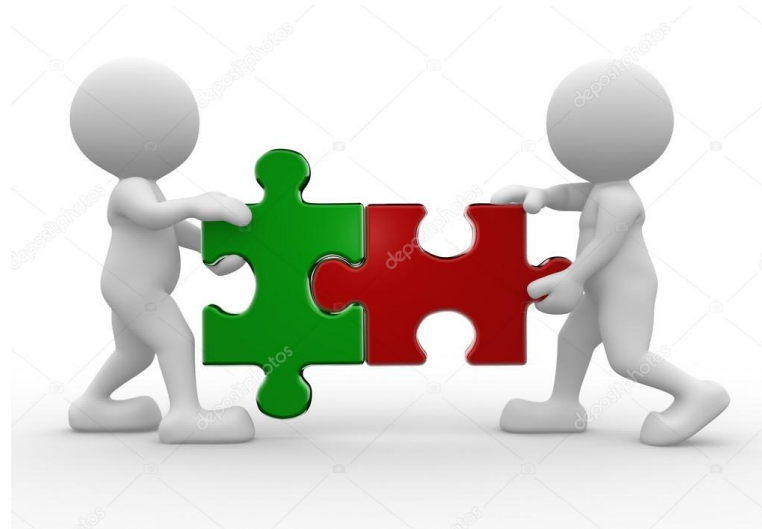
ottimizzare la qualità di vita

... per raggiungere un buon risultato funzionale

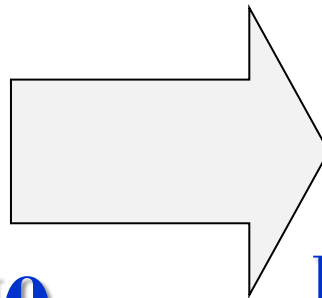
le aree asportate con la demolizione devono essere ricostruite in modo da riprodurre fedelmente in forma e volume le strutture asportate



Fondamentale è il confronto fra chirurgo demolitore e ricostruttore



**ACCURATO
PLANNING
PREOPERATORIO**



**SUCCESSO
DELLA
RICOSTRUZIONE**

Il tipo di ricostruzione deve considerare

- Sede
- Dimensione e spessore del difetto
- Funzione della sede coinvolta
- Eventuale coinvolgimento strutture ossee
- Presenza o assenza di capelli/peli
- Condizioni generali, età e comorbidità

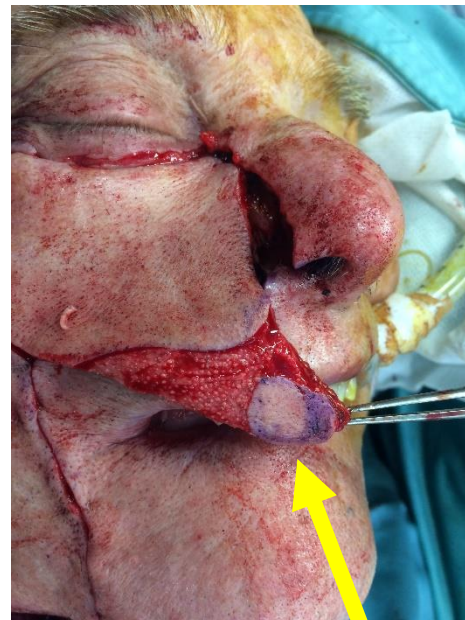
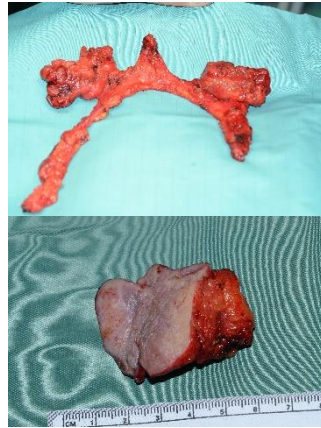
Metodiche ricostruttive

GRUPPO 1: approssimazione dei margini

GRUPPO 2: utilizzo di tessuti vicini al difetto
lombi locali, innesti, associazione di più tecniche

GRUPPO 3: utilizzo di tessuti da sedi lontane
lombi liberi microchirurgici

GRUPPO 2: utilizzo di tessuti vicini al difetto





GRUPPO 3: utilizzo di tessuti da sedi lontane

Microchirurgia ricostruttiva

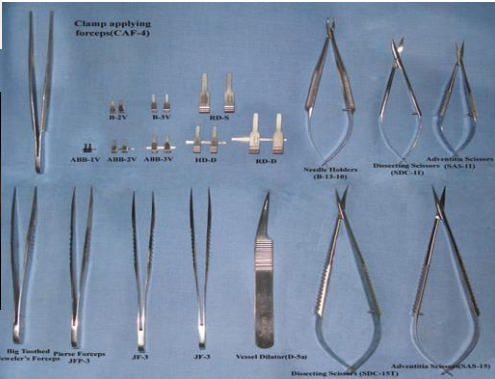
Il tessuto per la ricostruzione (lembo) viene prelevato da una sede lontana rispetto a quella da ricostruire



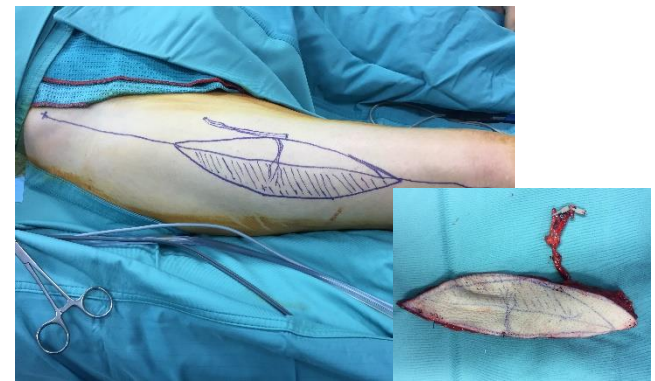
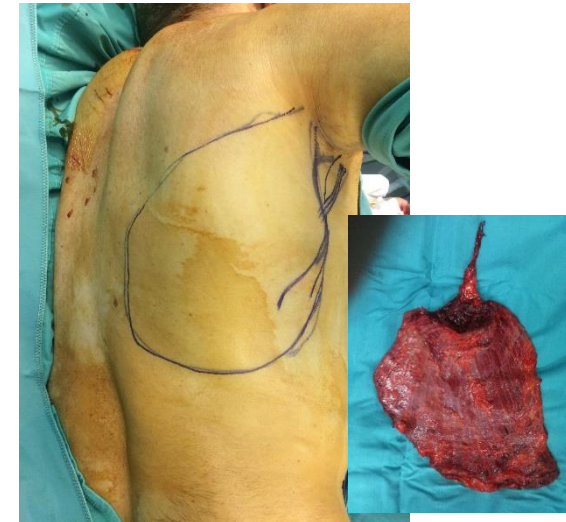
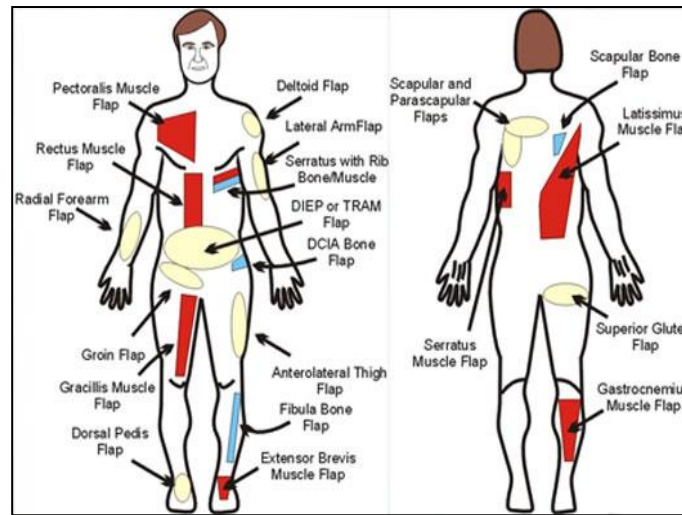
Il lembo viene allestito con un peduncolo vascolare costituito da una arteria e una vena che ne consentirà la rivascularizzazione



La microchirurgia permette di operare su strutture di piccolo calibro, quali vasi e nervi di pochi mm, grazie ad appropriati strumenti chirurgici e a mezzi di ingrandimento (occhialini ingranditori, microscopio)



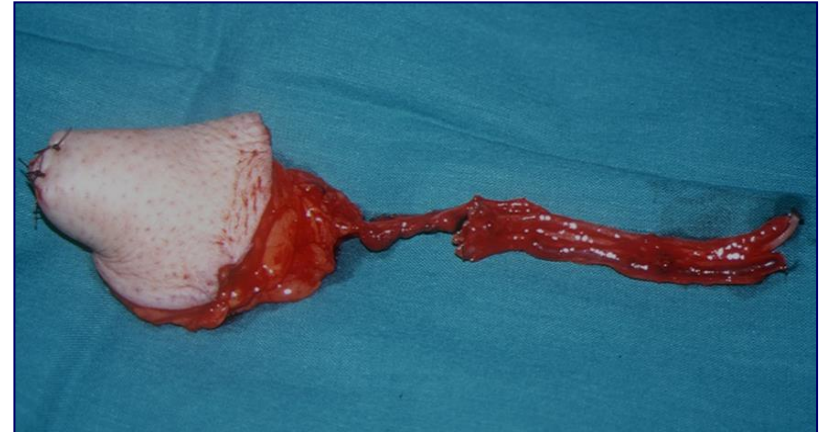
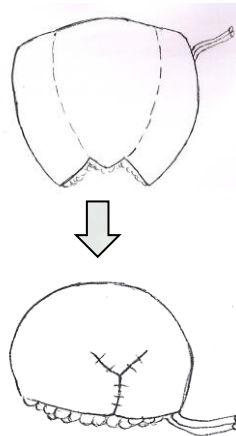
Si utilizzano lembi costituiti da tessuti diversi (osso, cute o muscolo) a seconda delle necessità e le sedi di prelievo possono essere numerose



Per ridurre i tempi chirurgici
si lavora in 2 equipè contemporaneamente



Il lembo viene modellato della forma corrispondente alla perdita di sostanza creatasi dopo la demolizione



*Infine il lembo viene rivascularizzato
mediante anastomosi tra i vasi del lembo e quelli presenti
nella zona ricevente con l'ausilio del microscopio*



2001-2021 (S.Orsola- BO)

Casistica personale

• ALT	329
• Perone	213
• Cinese	85
• DIEP	36
• TFL perforante	25
• Grande dorsale	39
• Retto dell'addome	16
• Laterale del braccio	4
• Vasto laterale	9
• Serrato	8

764

lembi liberi

(591 per Head & Neck)

4,3%

**Fallimento
del lembo**

2021-2022 (S. Anna - FE)

Casistica personale

- ALT 10
- Perone 5

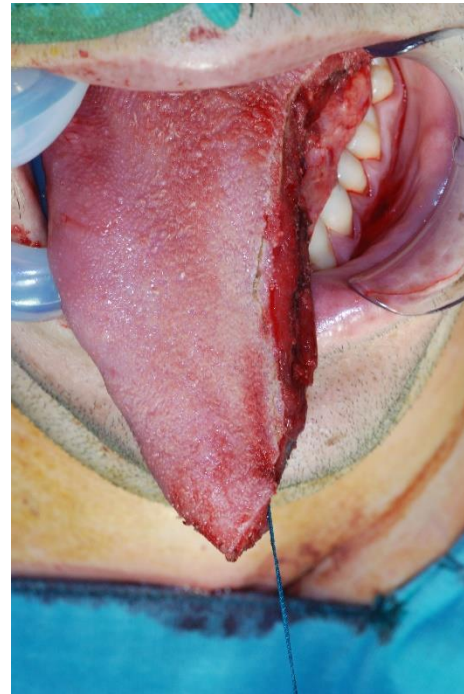
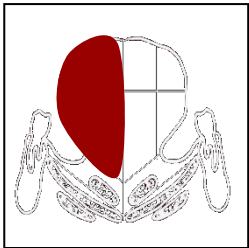
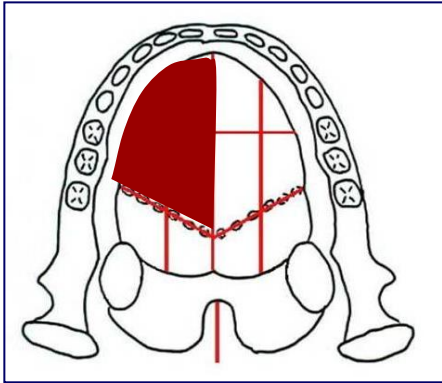
15
lembi liberi

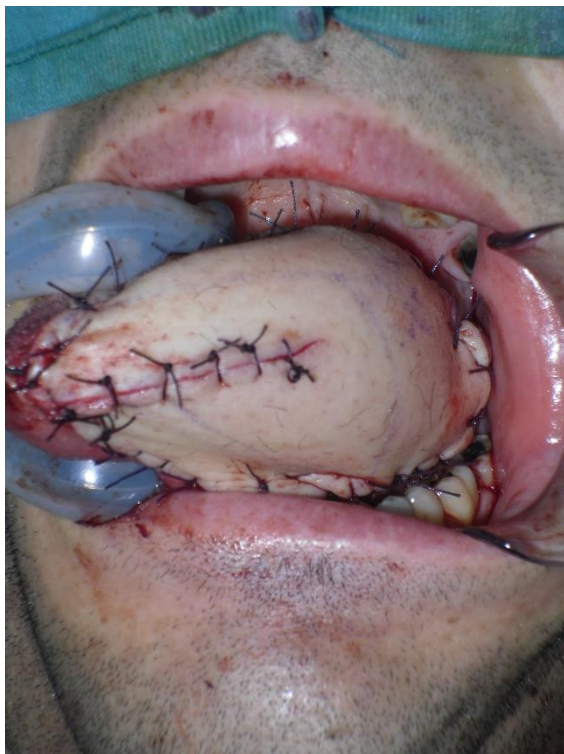
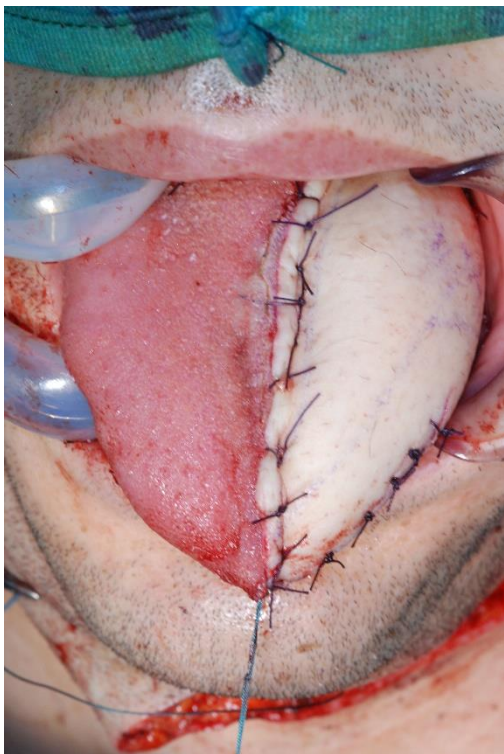
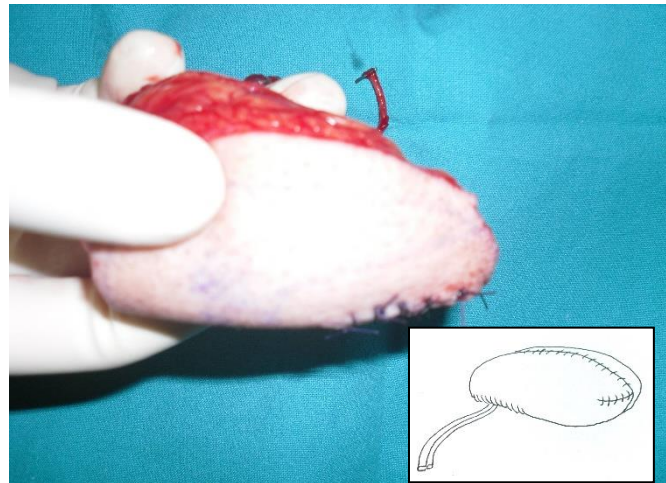
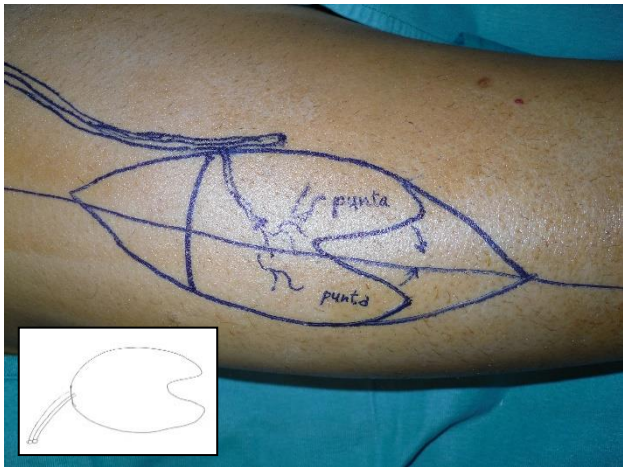
(15 per Head & Neck)

0%
Fallimento
del lembo

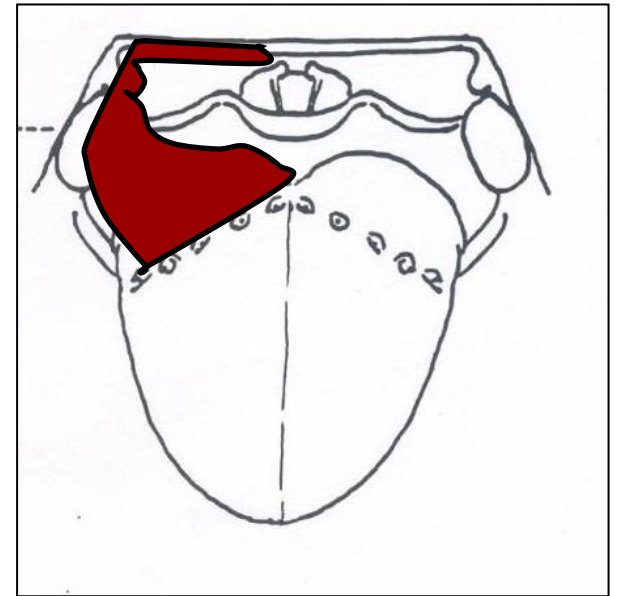
Alcuni casi clinici

Emilingua

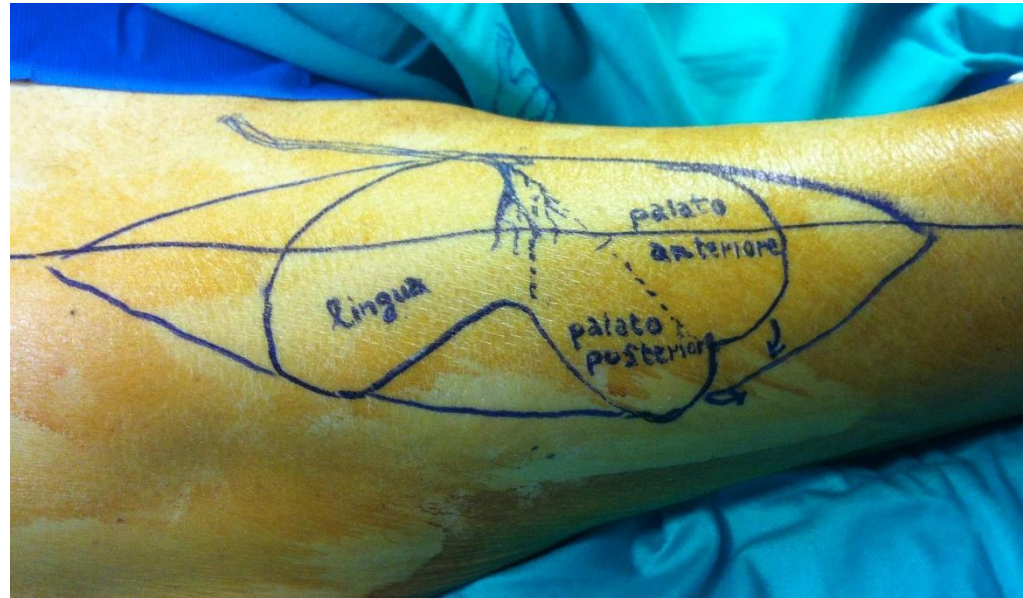
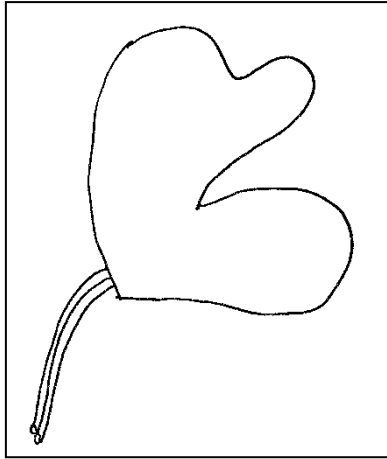


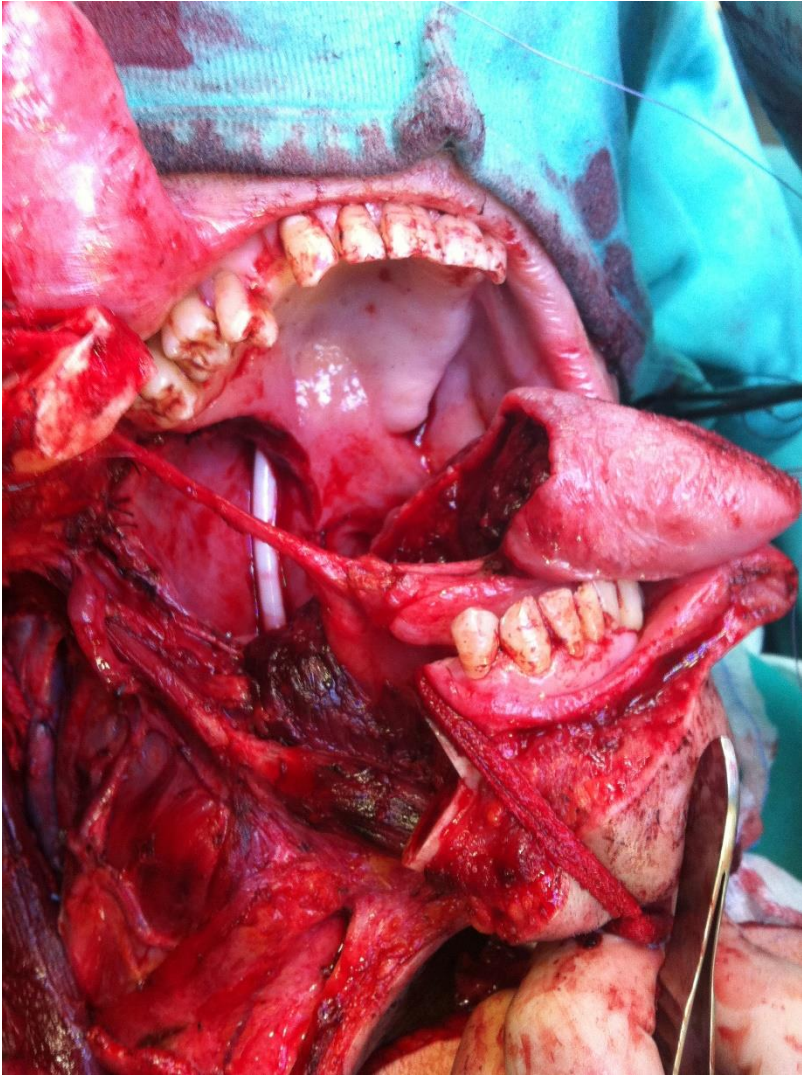


Regione amigdalo-glosso-palatina

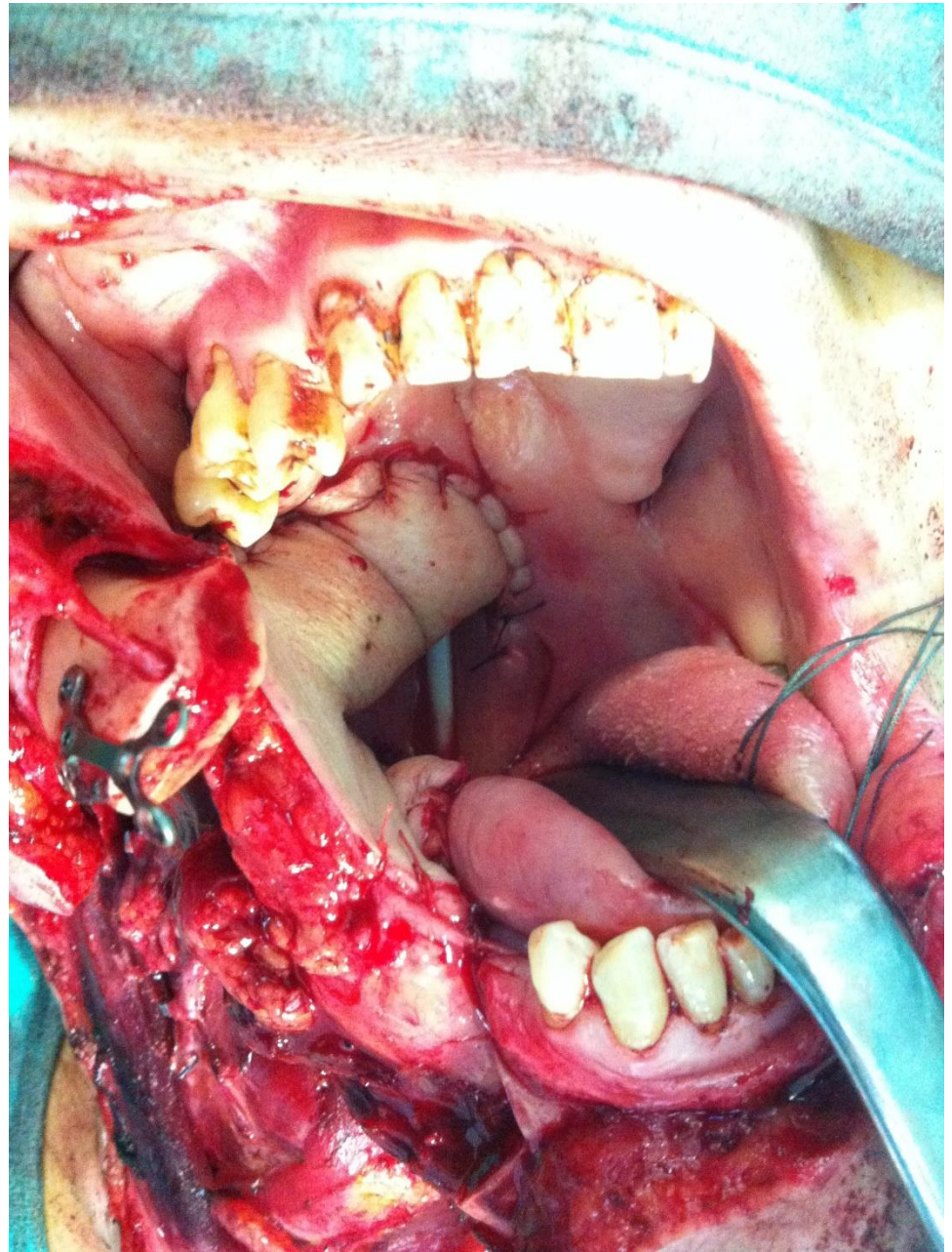
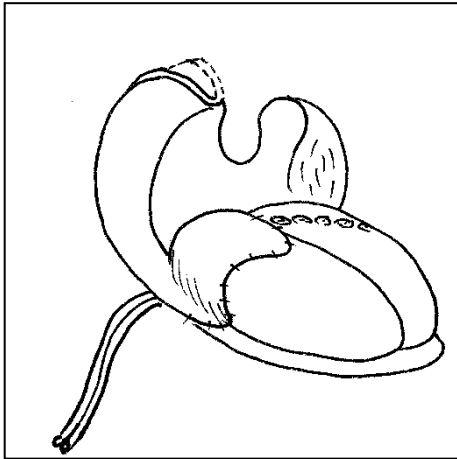


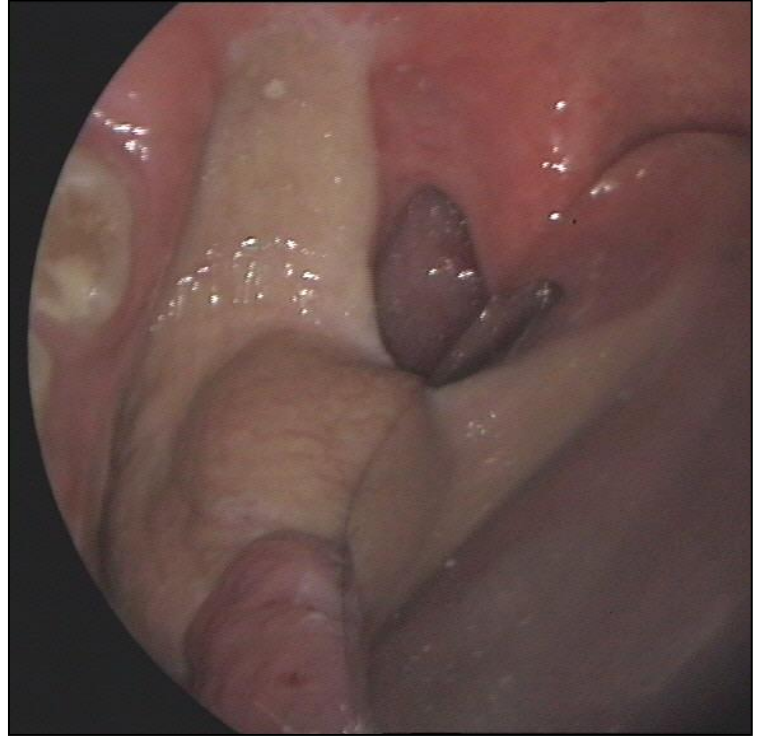
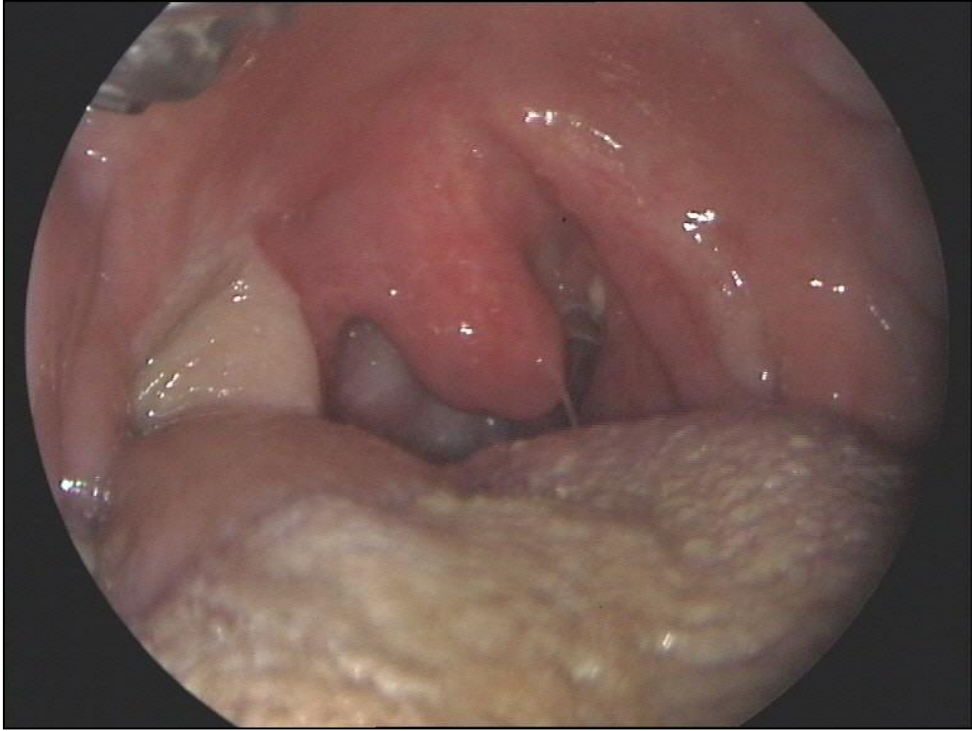
TEMPLATE



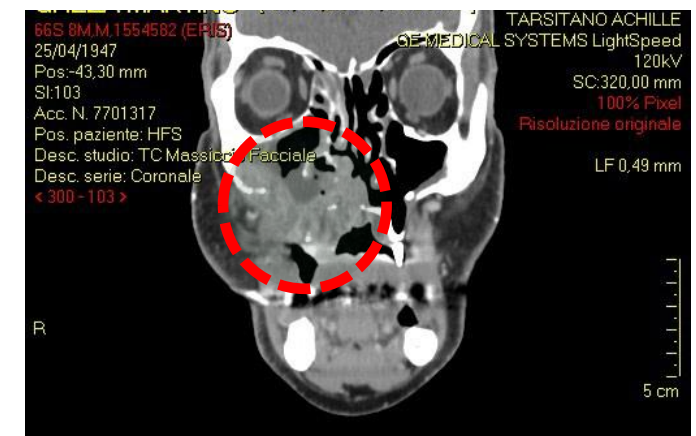
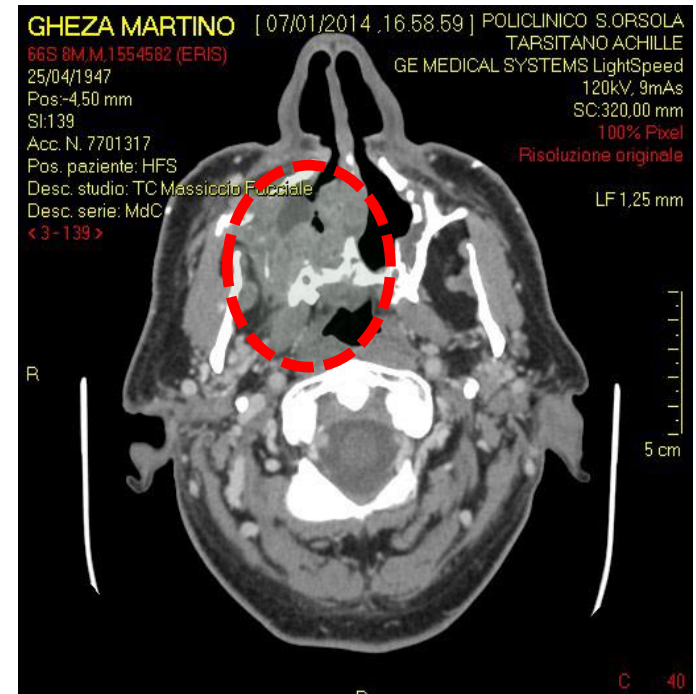


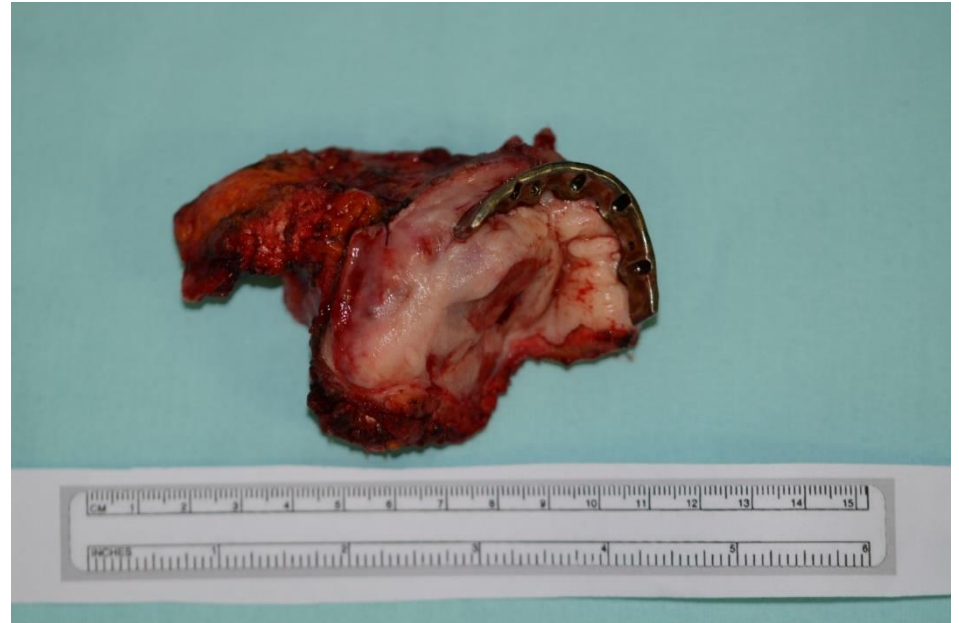
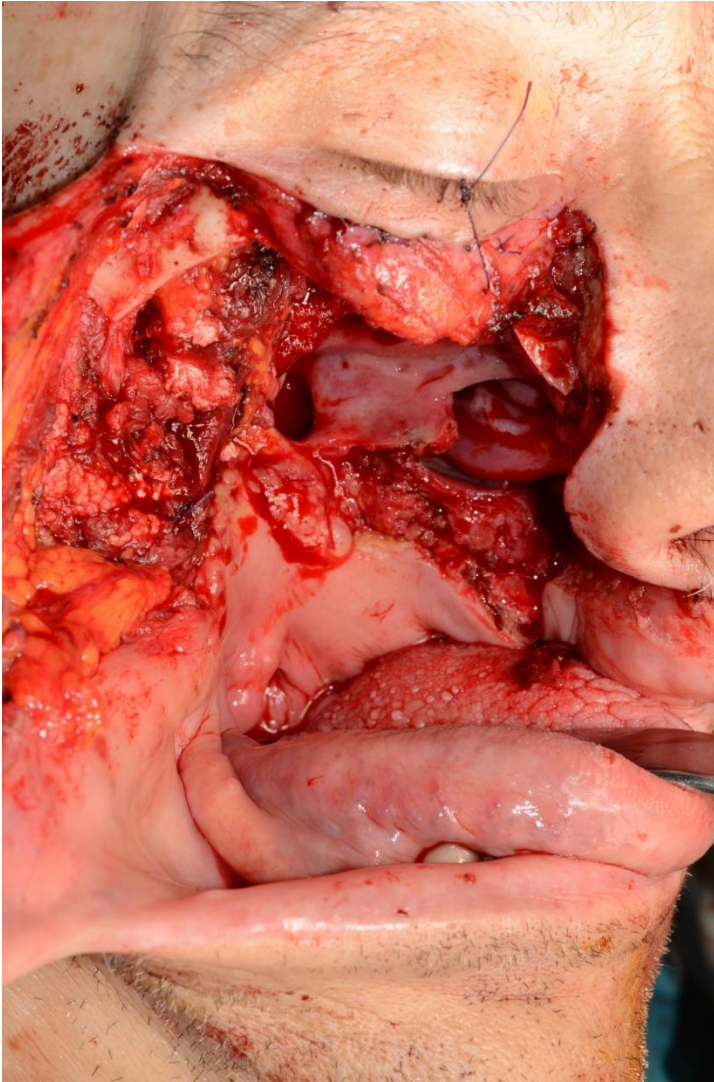
Flap inseting

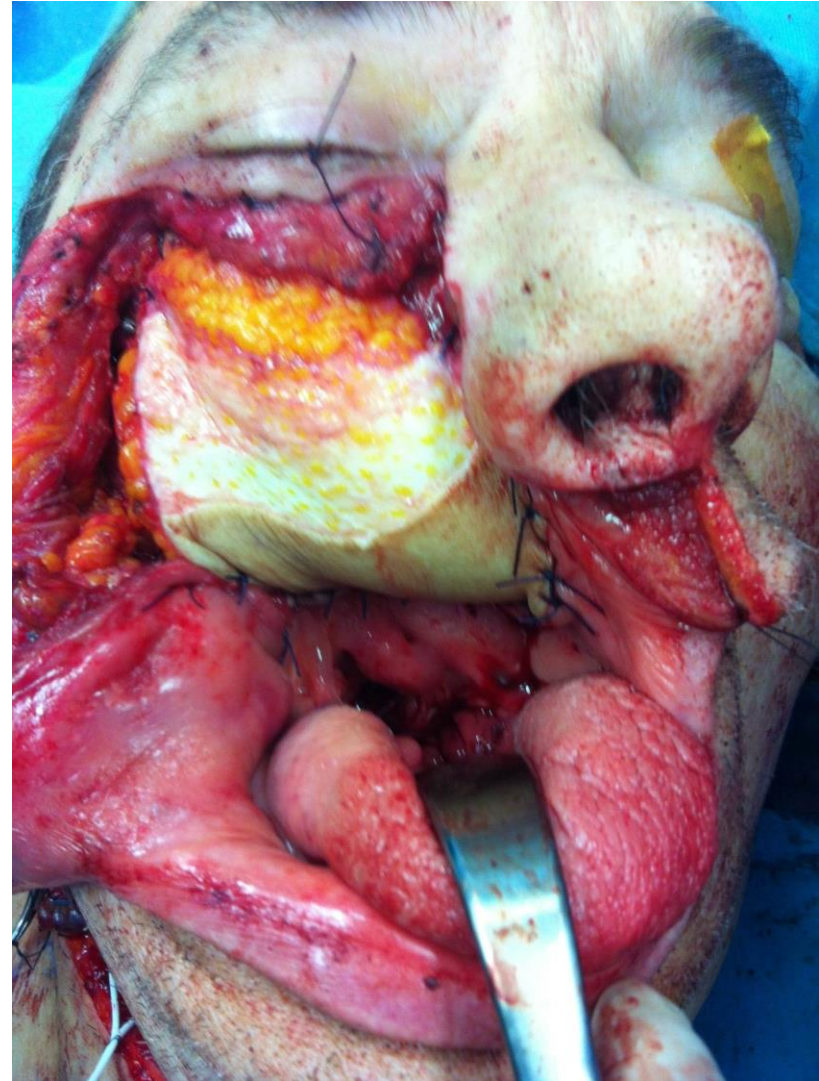


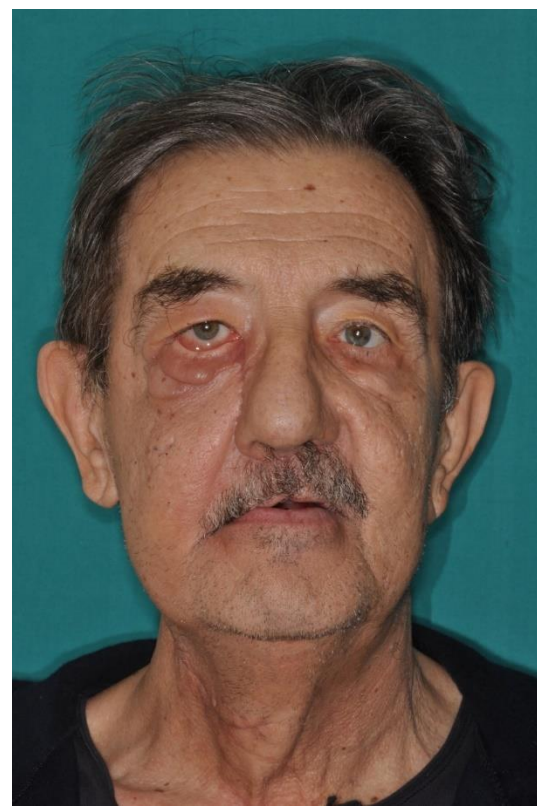
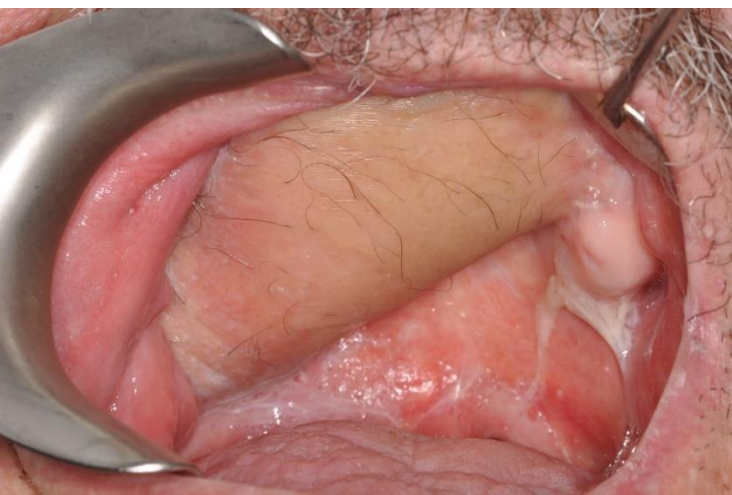


Palato duro + seno mascellare



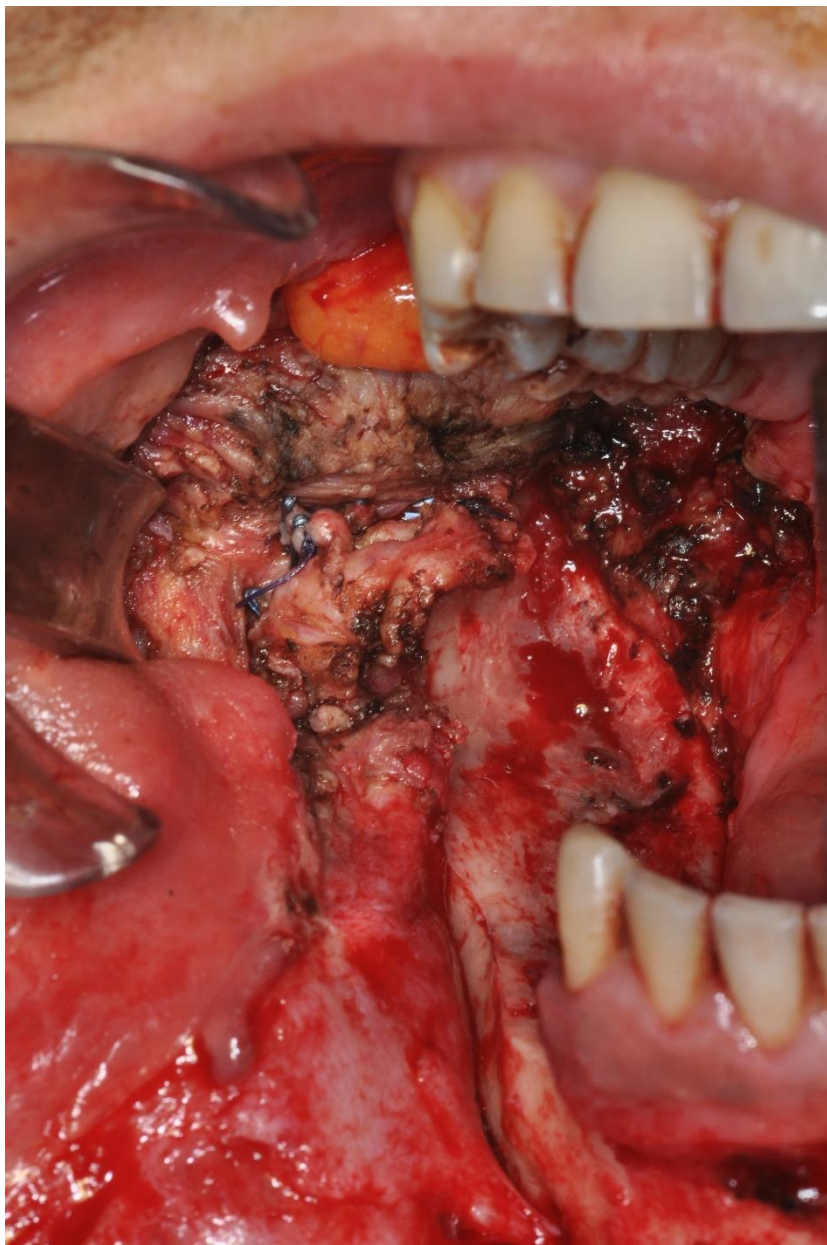


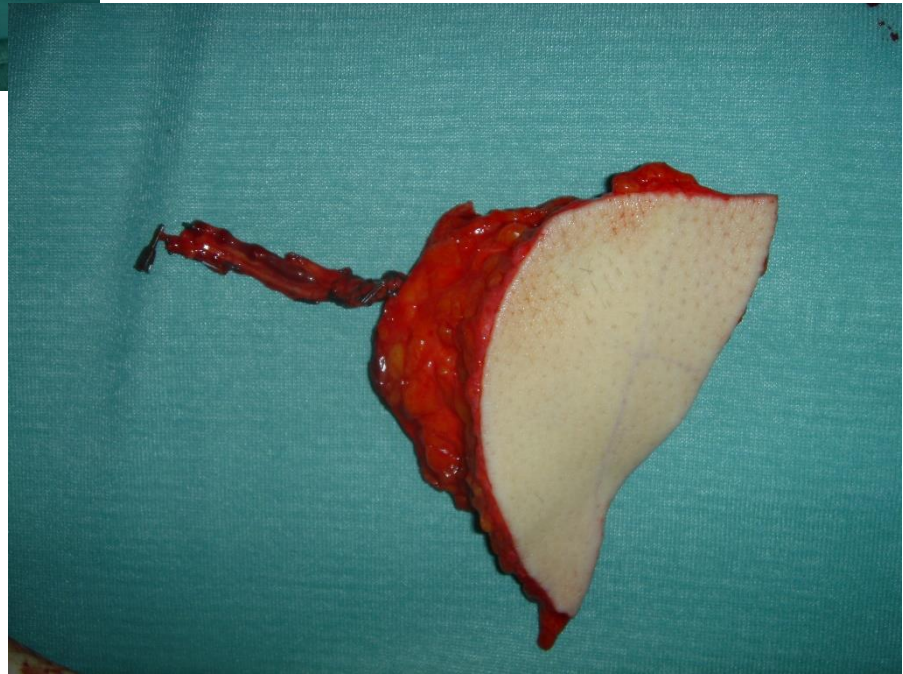
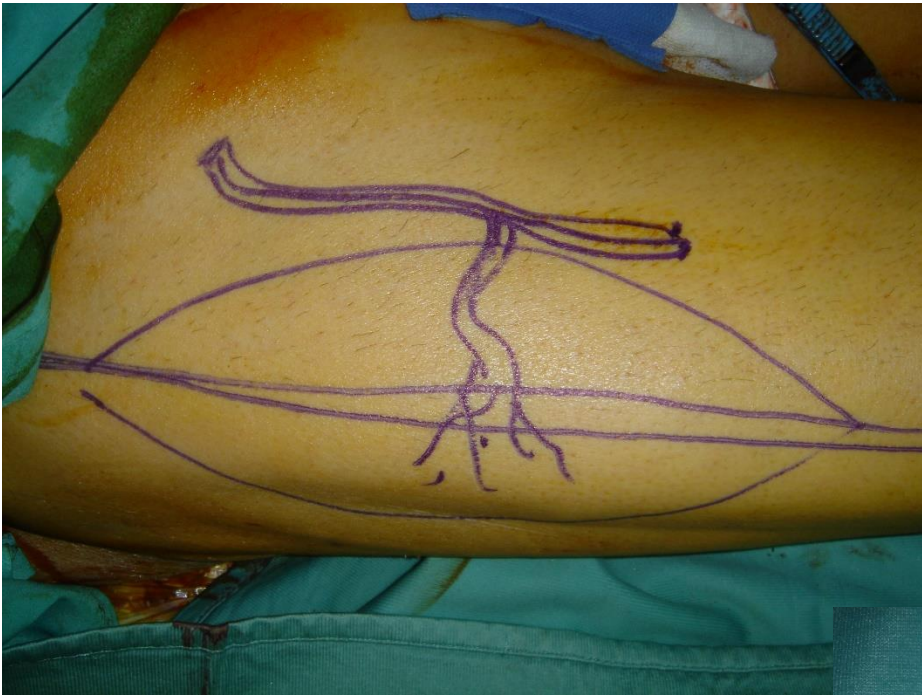




Guancia



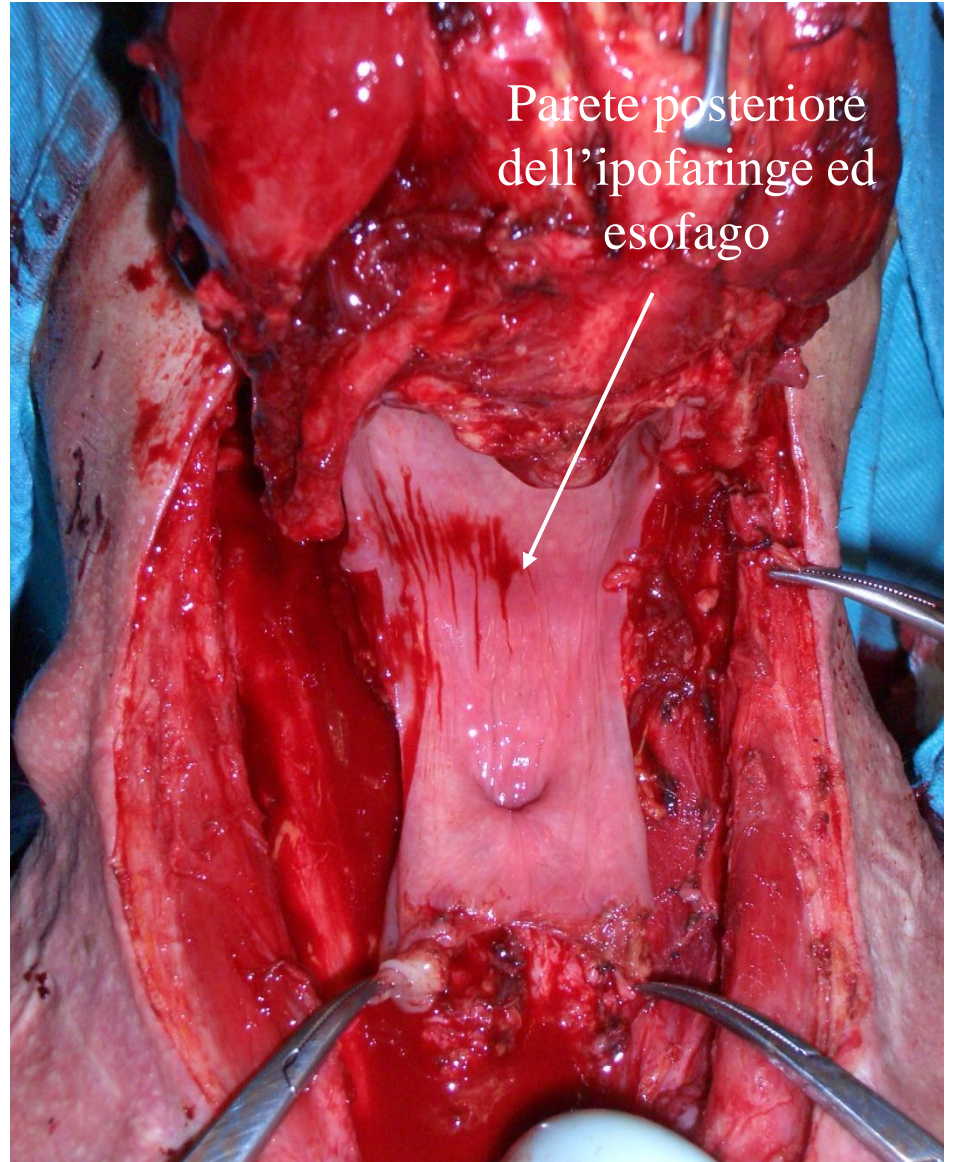
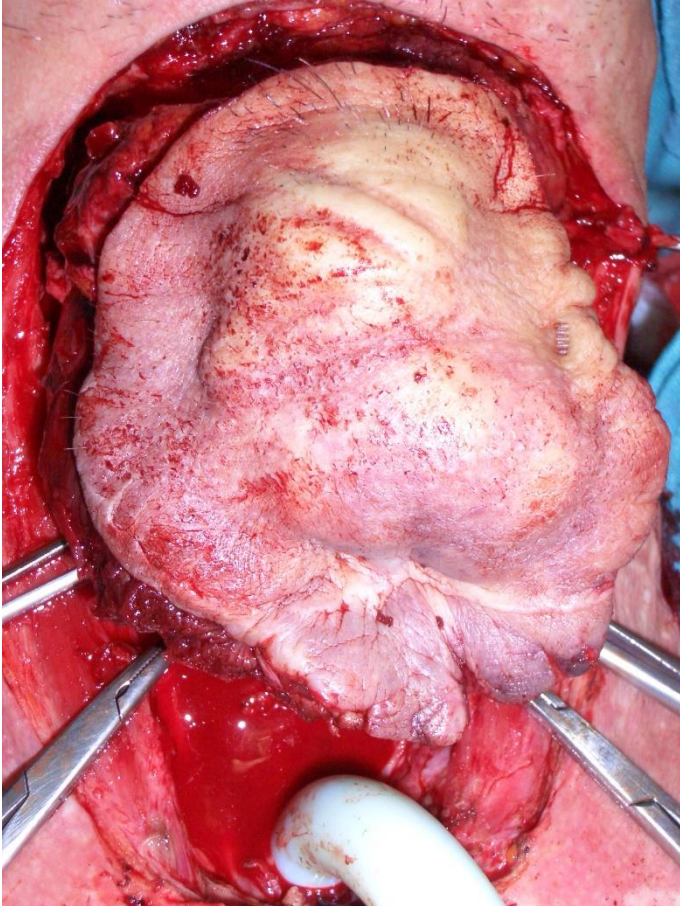


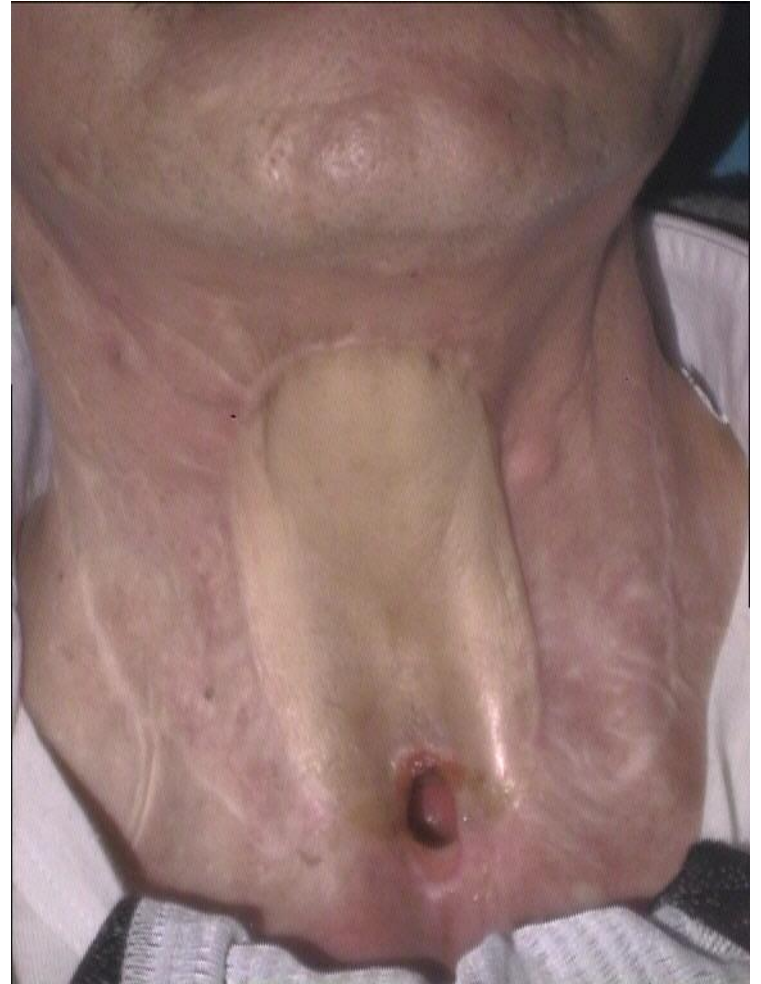
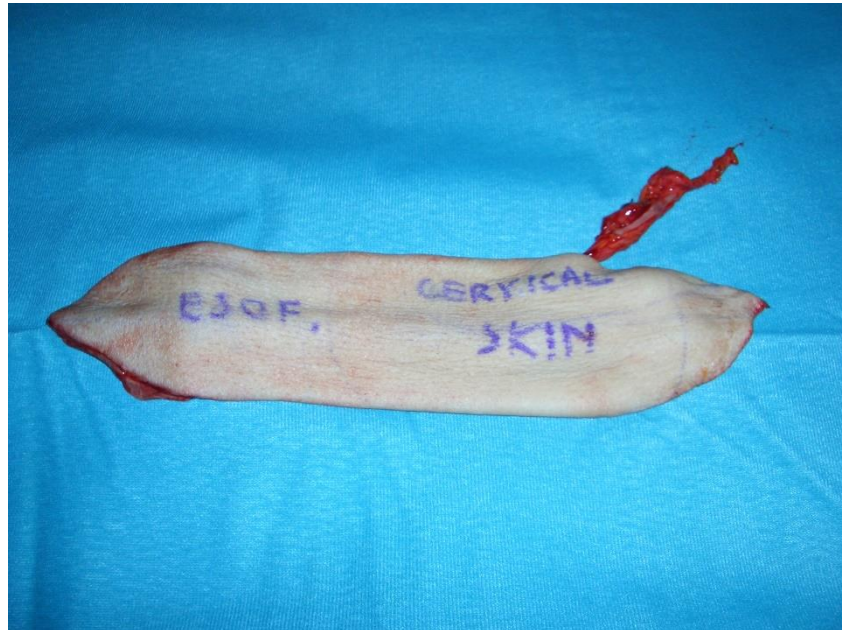
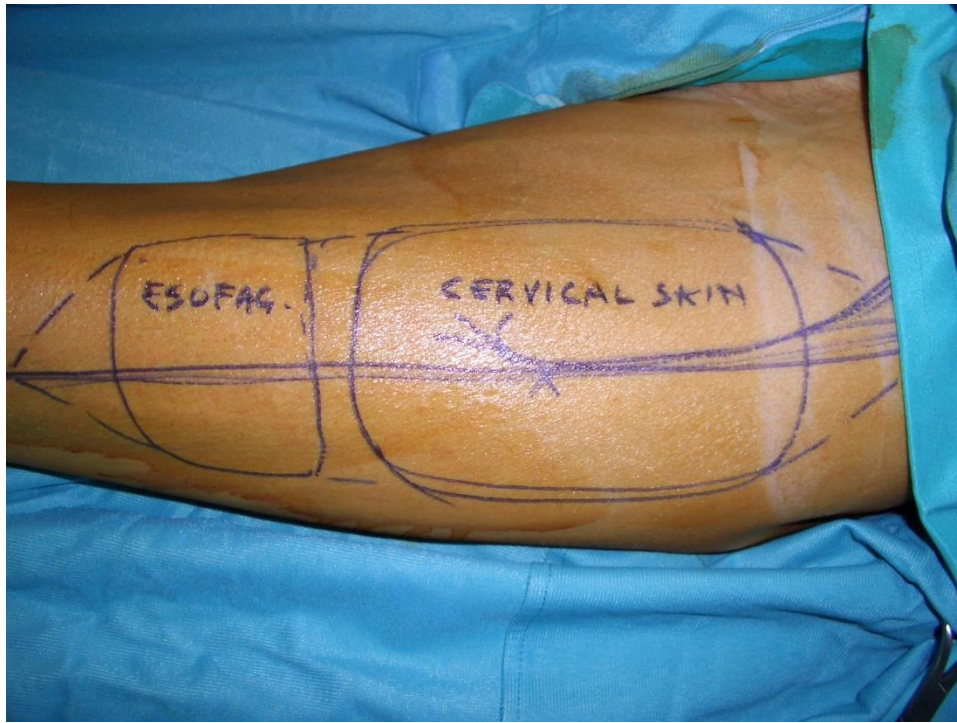




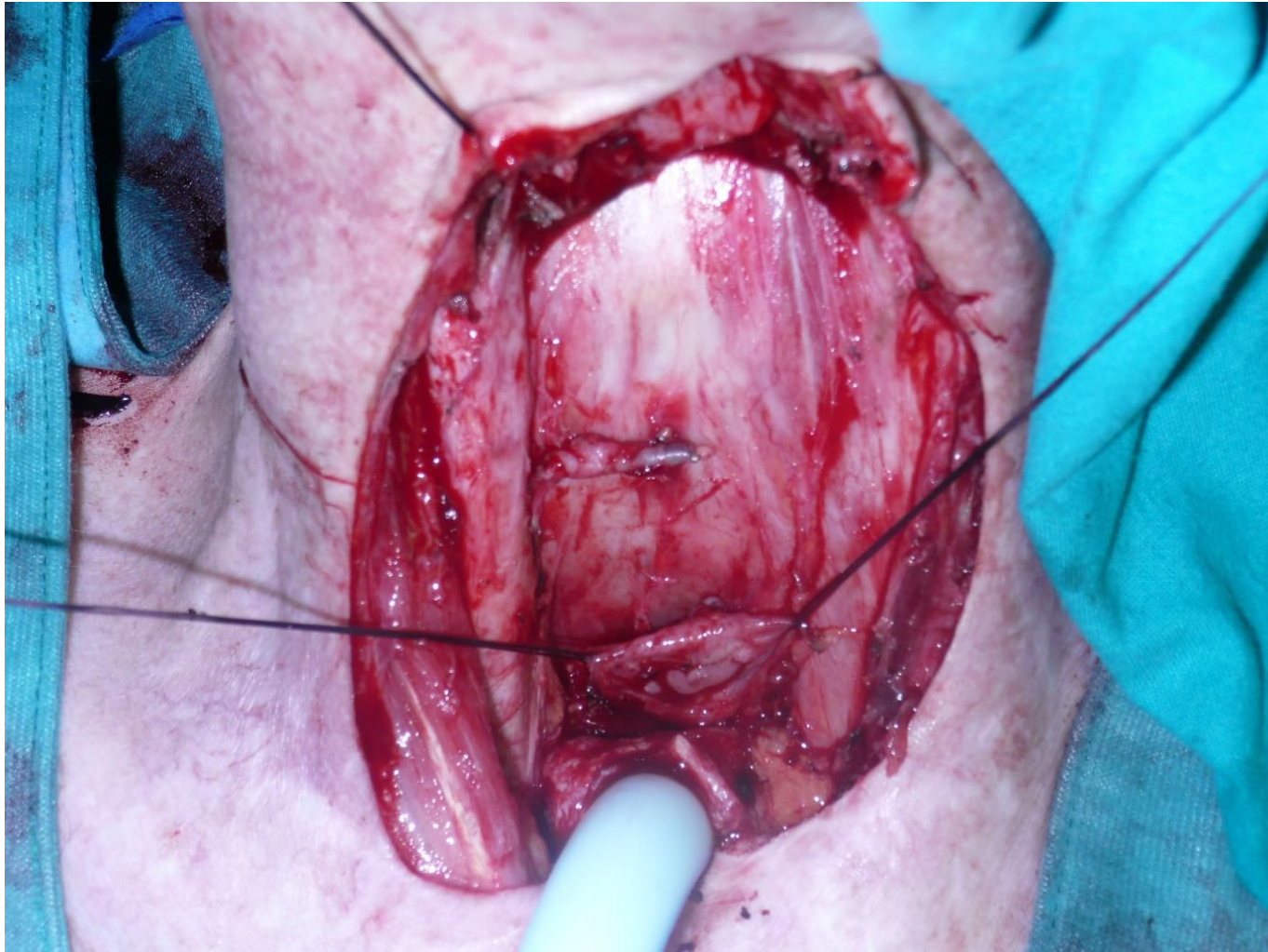
Ipofaringe-esofago
e cute cervicale

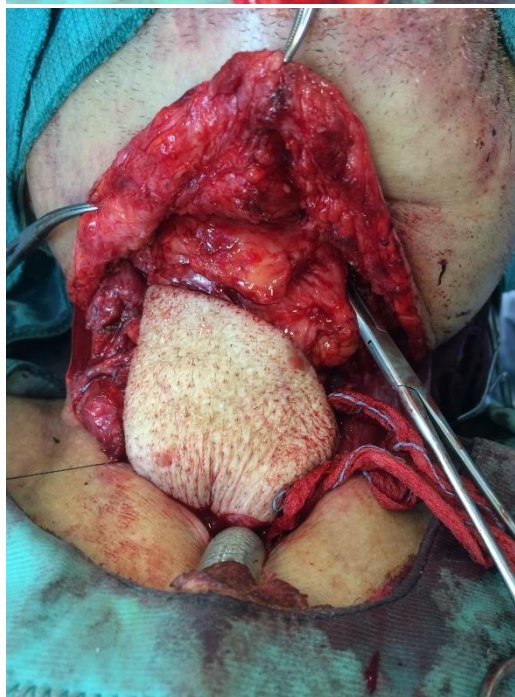
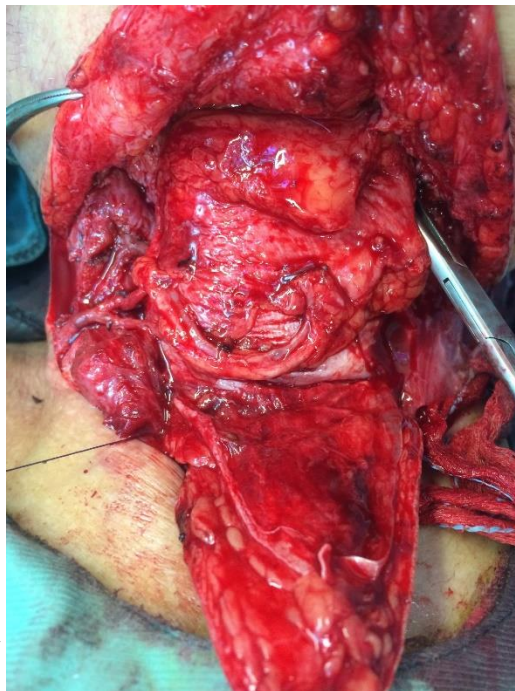
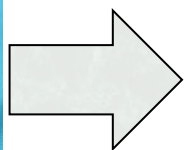
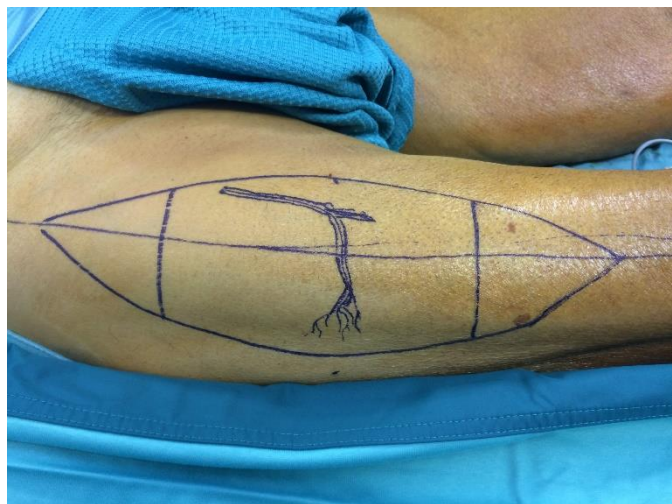




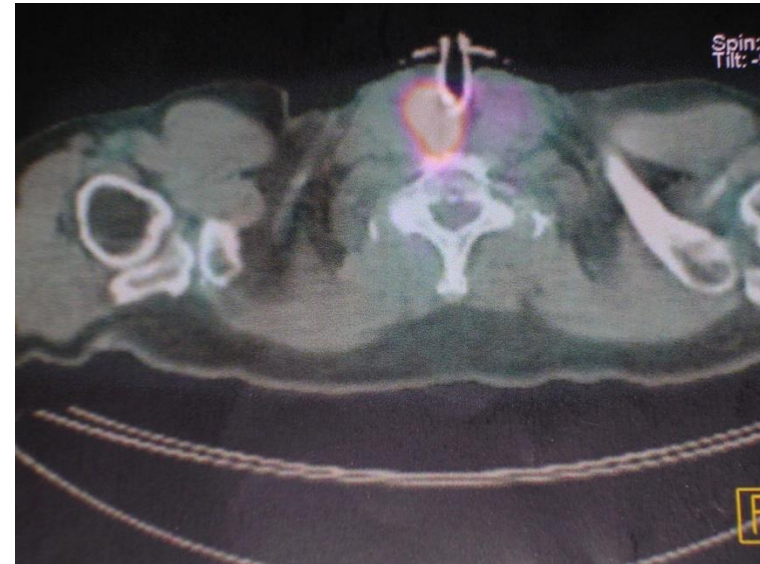


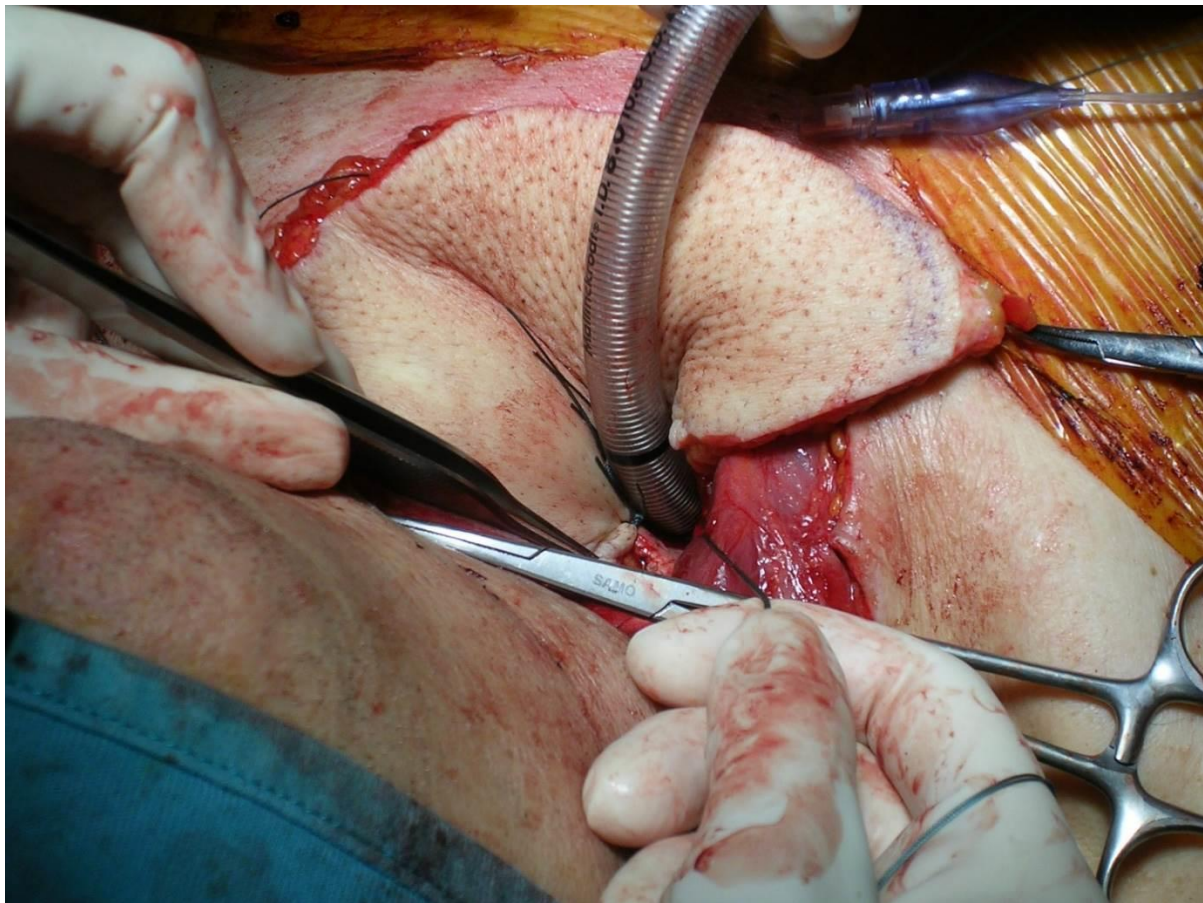
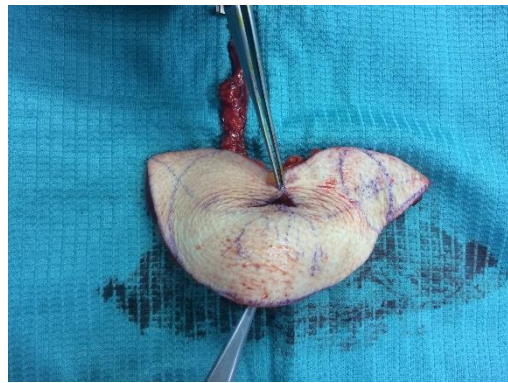
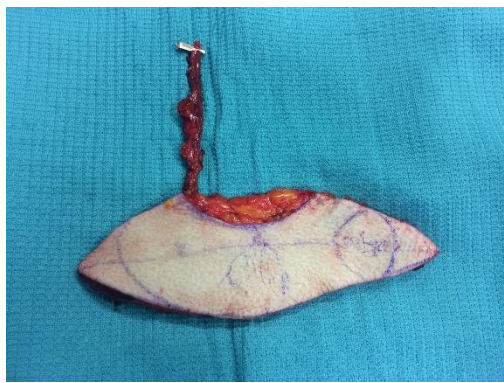
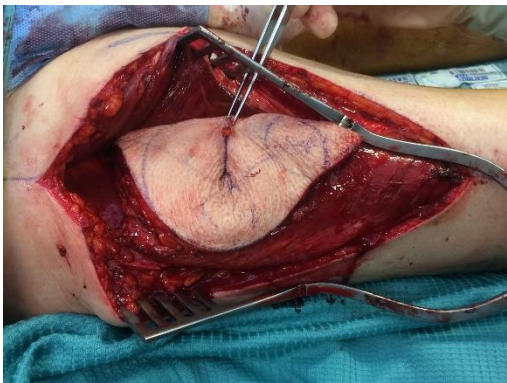
Ipofaringe-esofago perdita completa

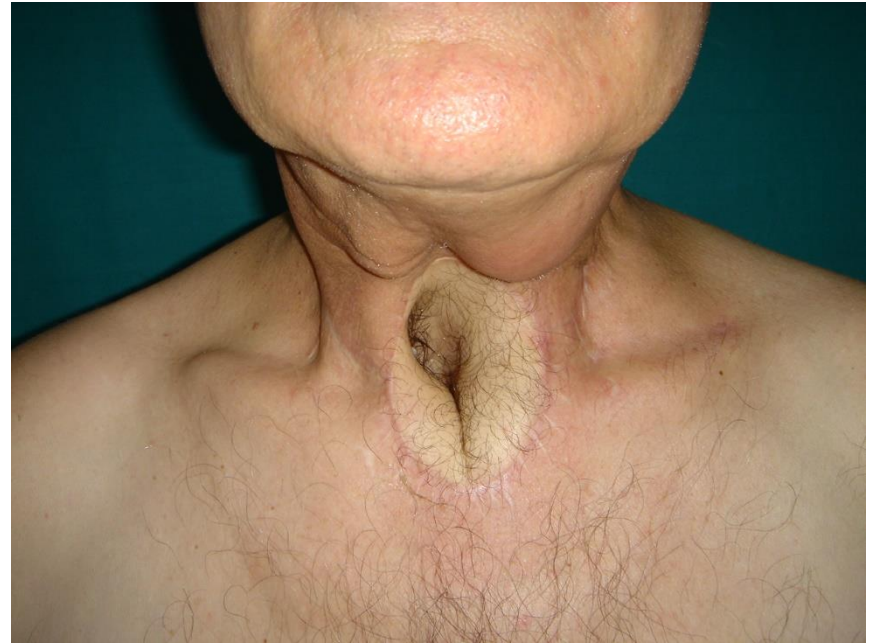
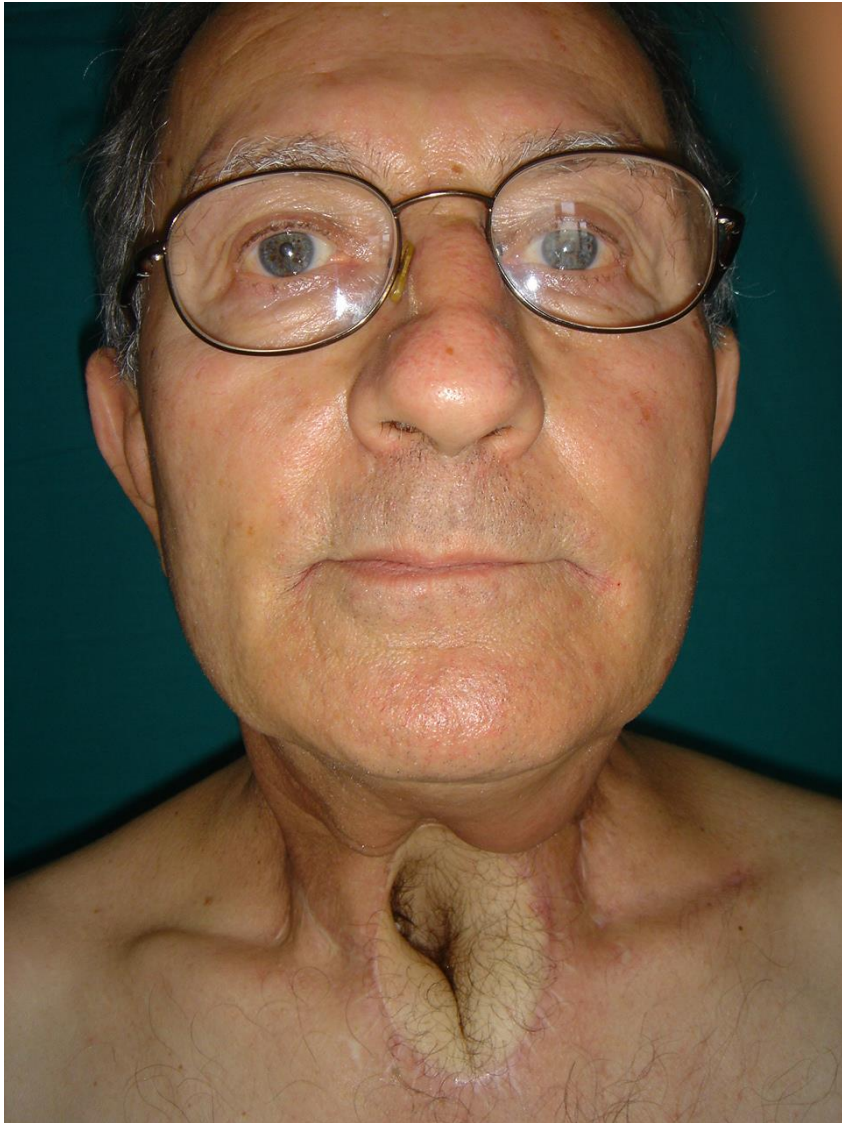




Recidiva di carcinoma laringeo sulla tracheostomia

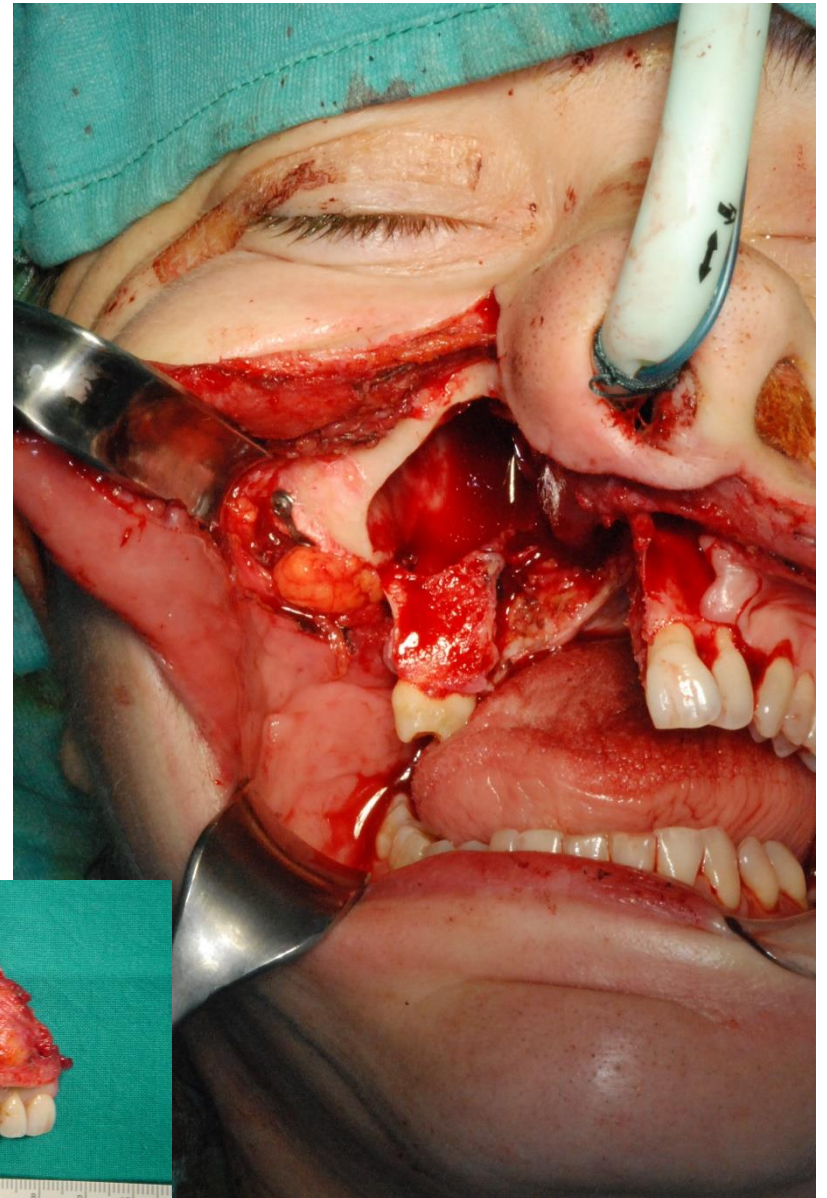


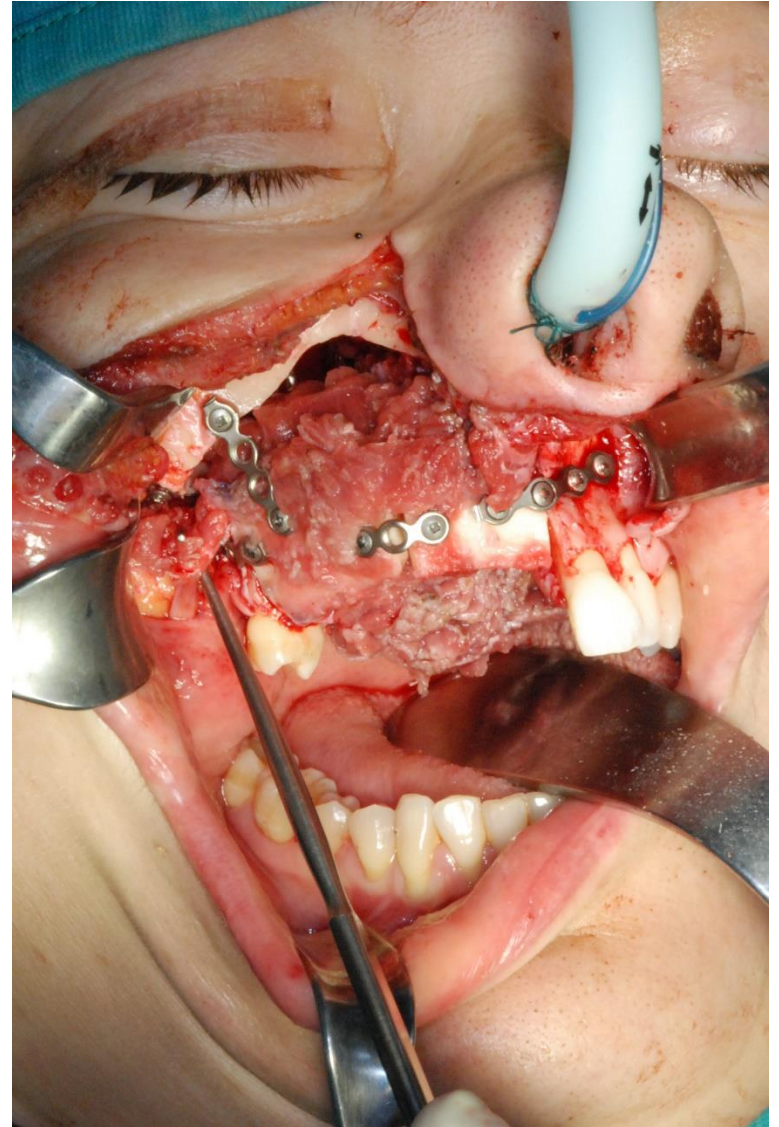
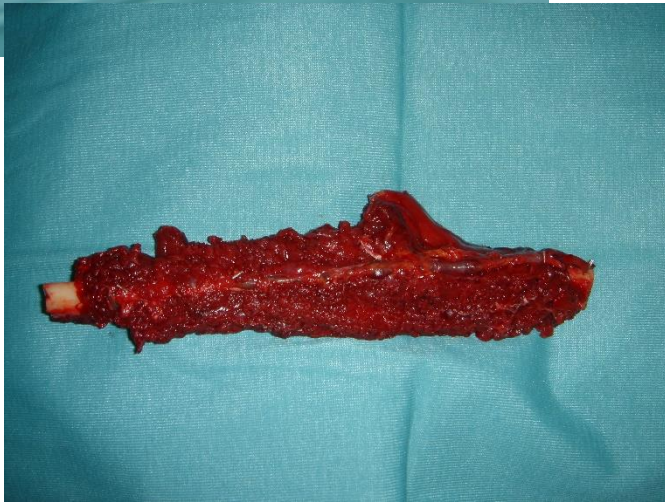




Mascellare superiore

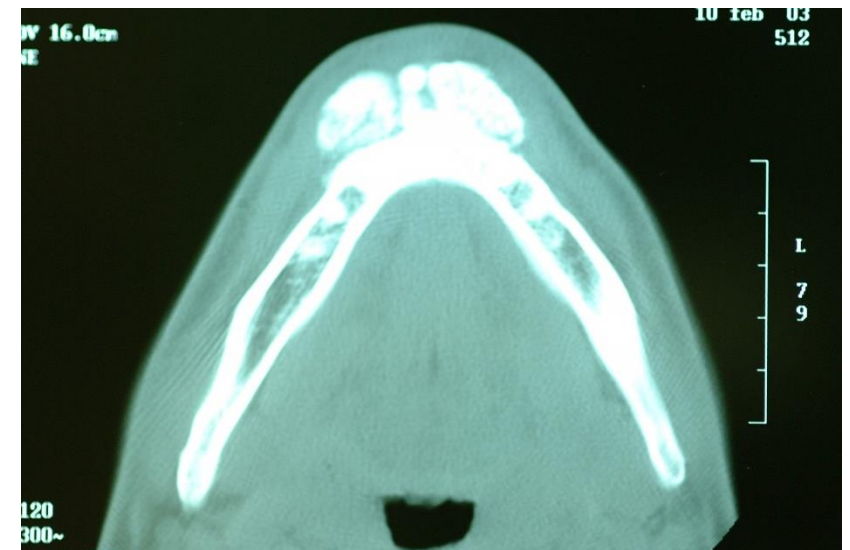
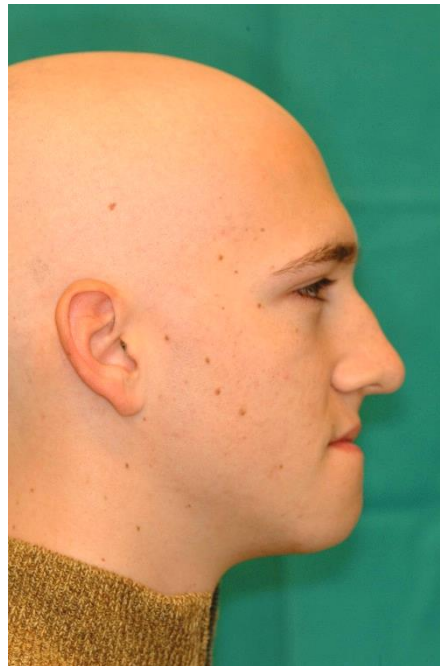
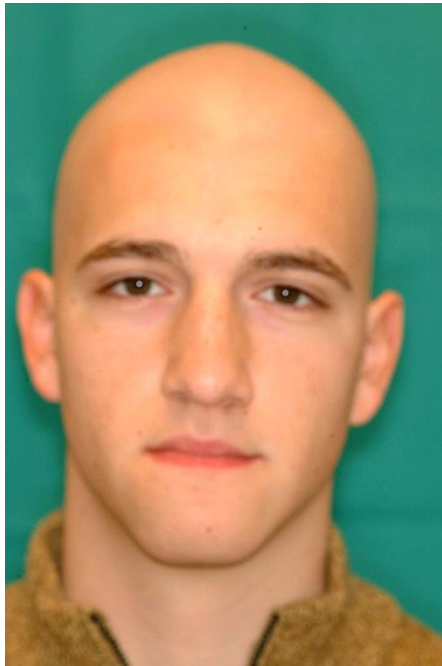


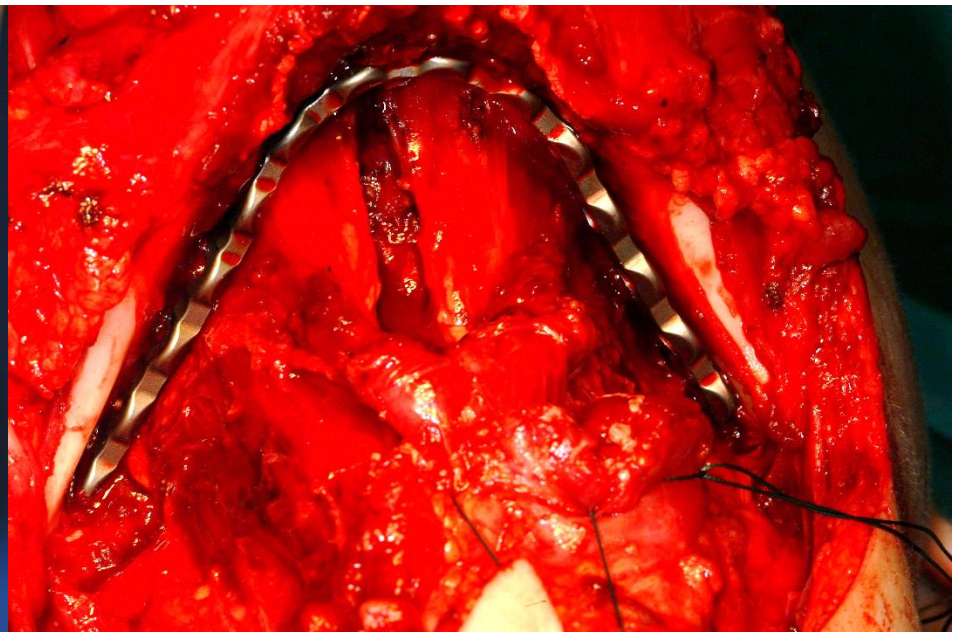
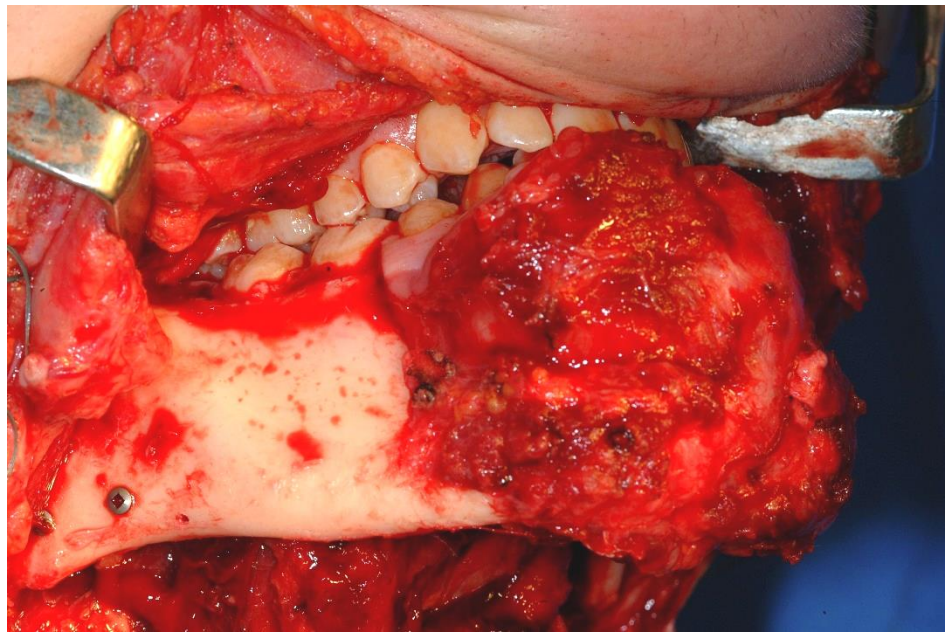


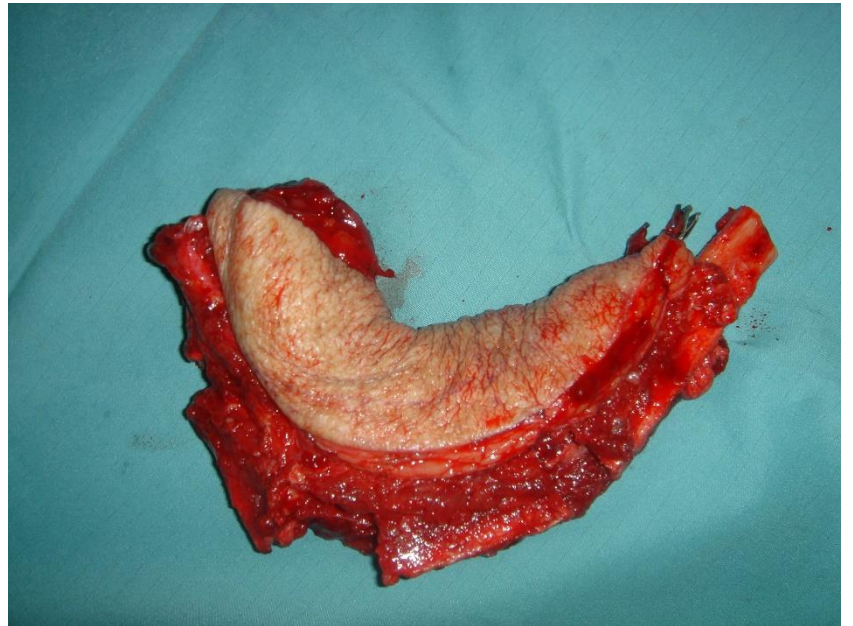
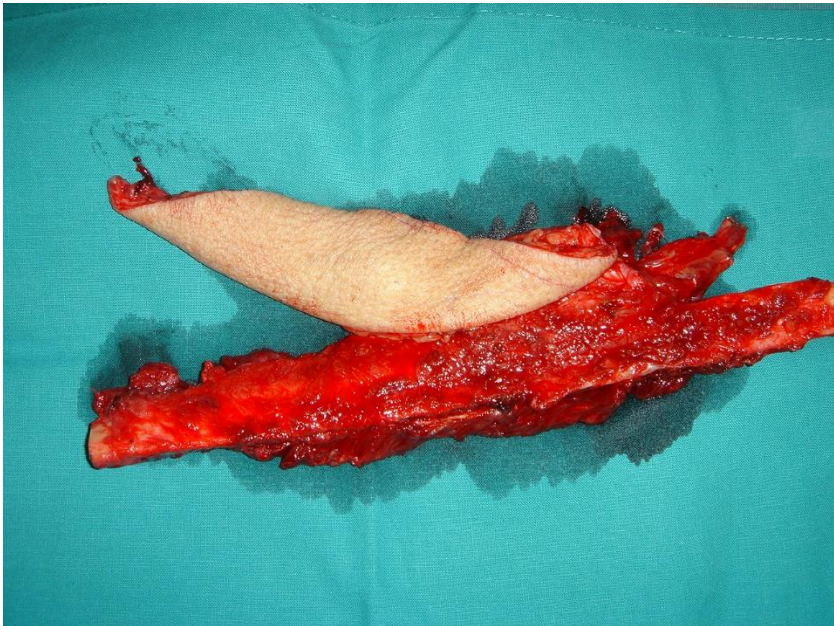


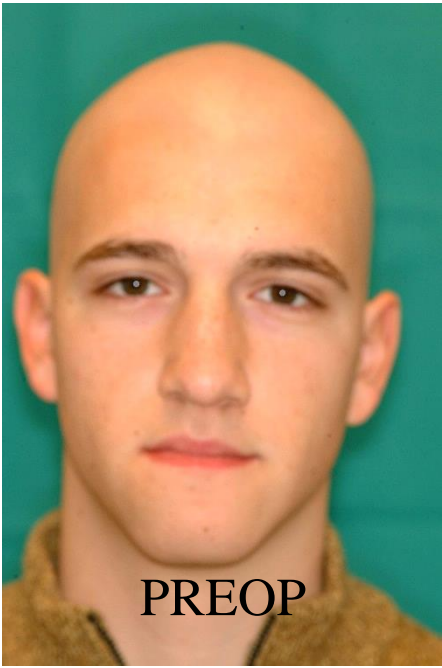


Mandibola

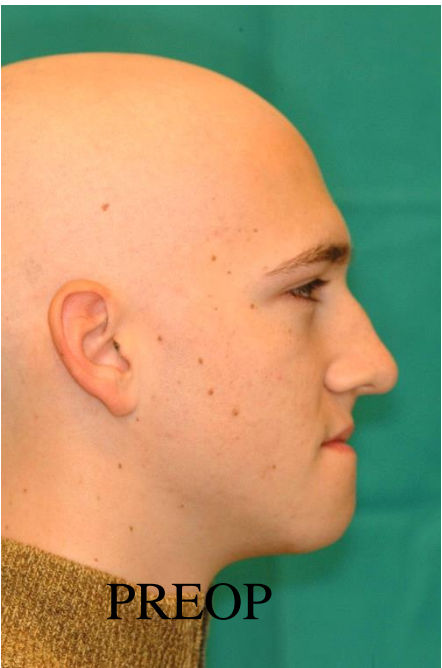








PREOP



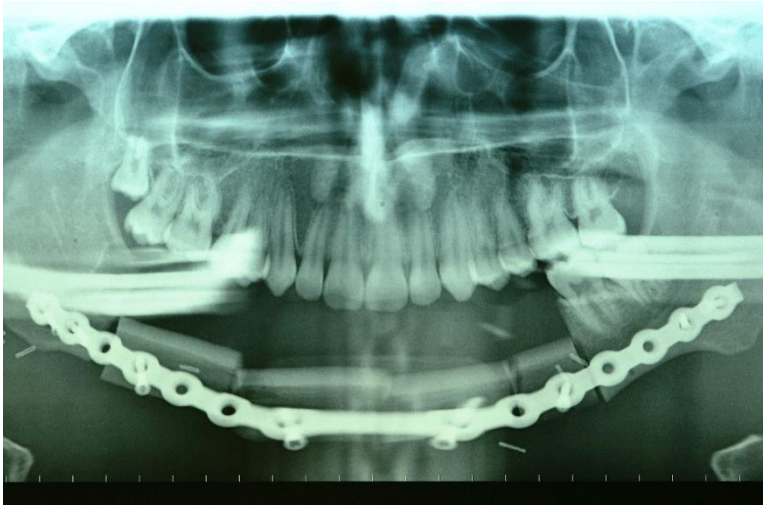
PREOP



POSTOP



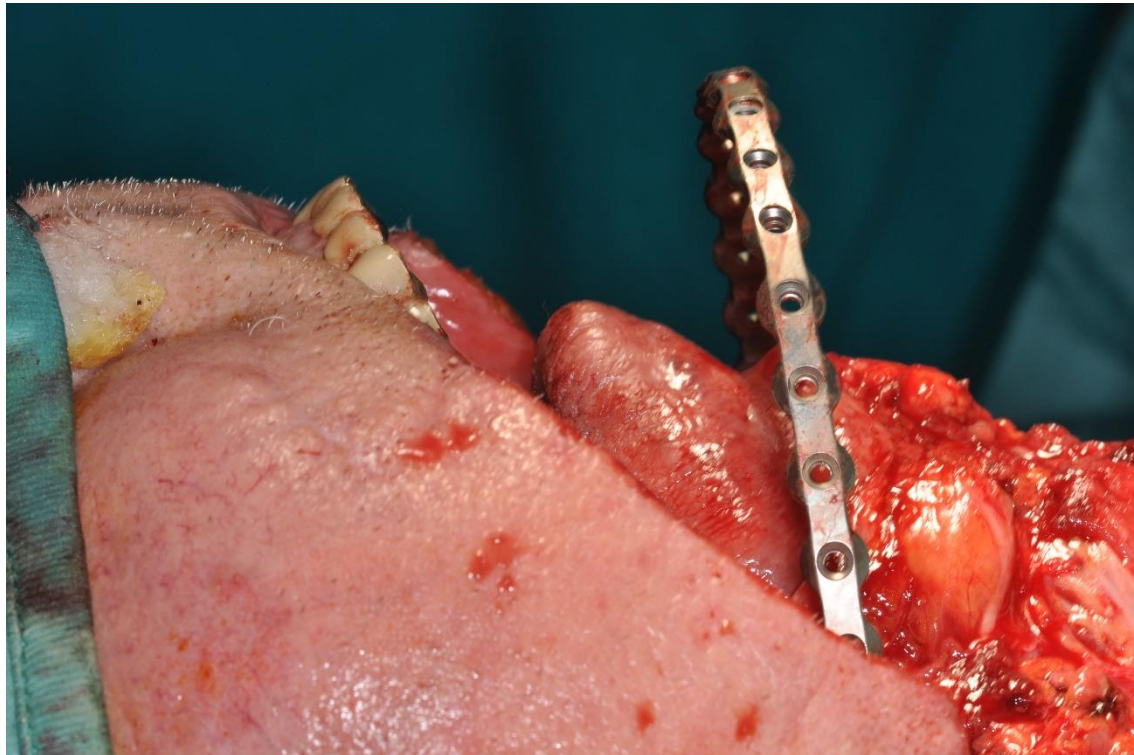
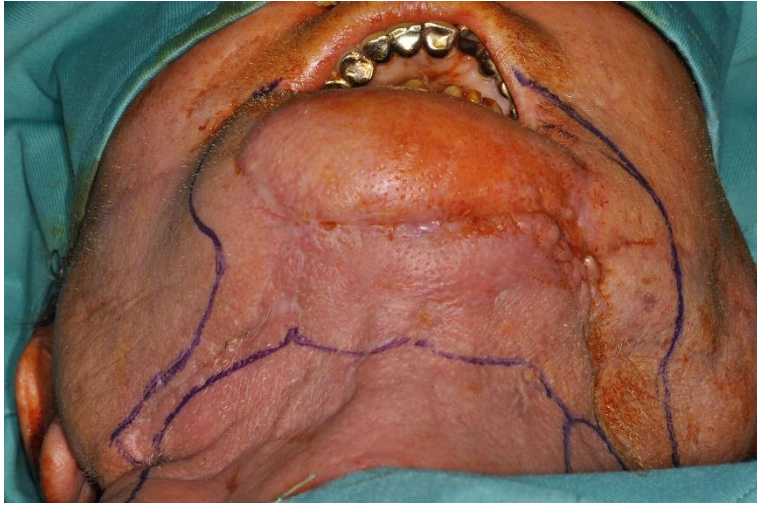
POSTOP

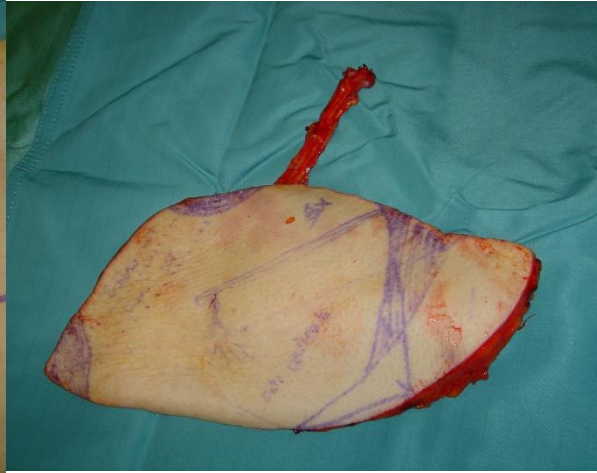
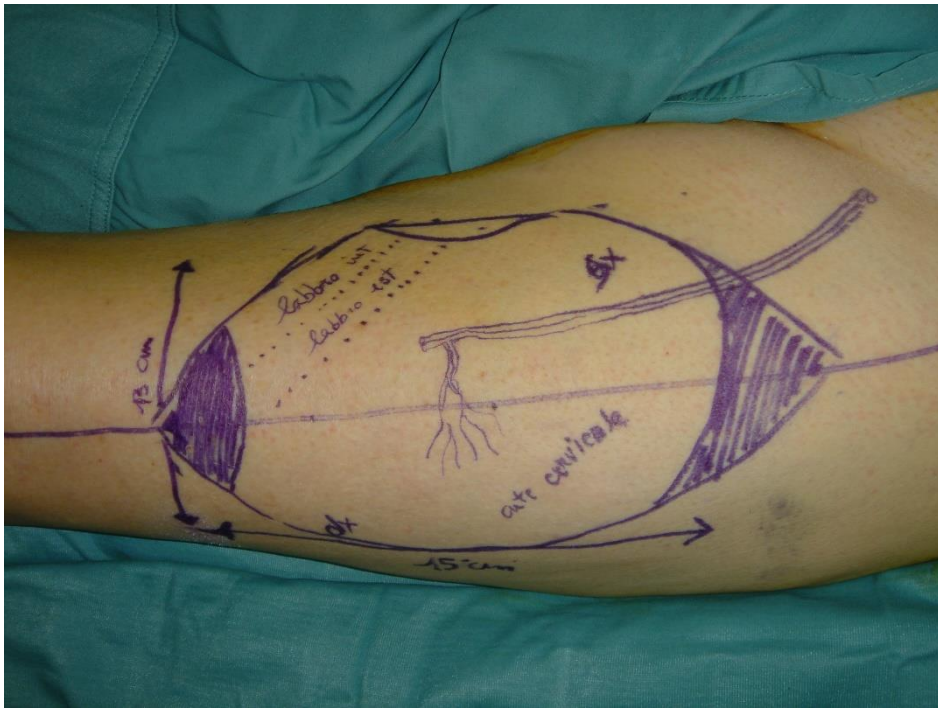


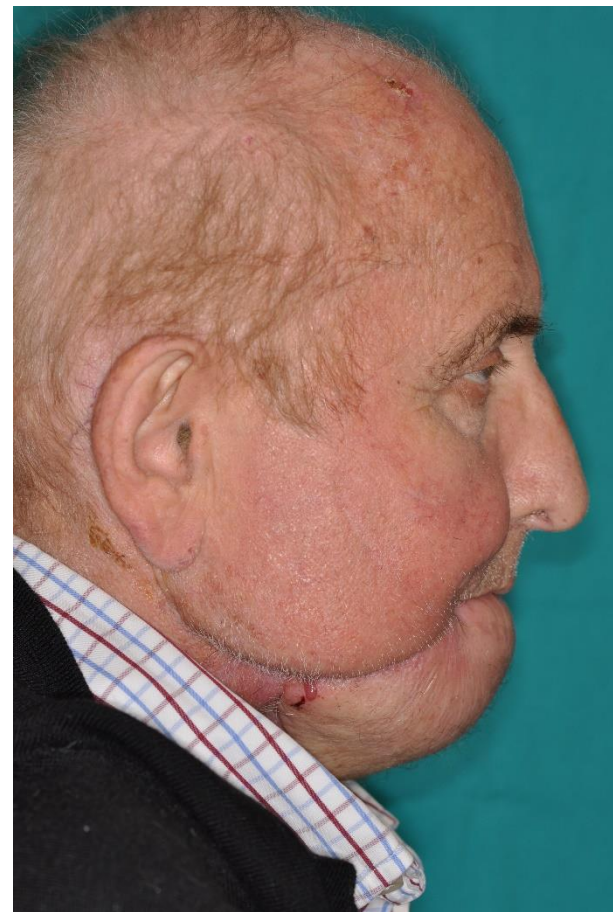
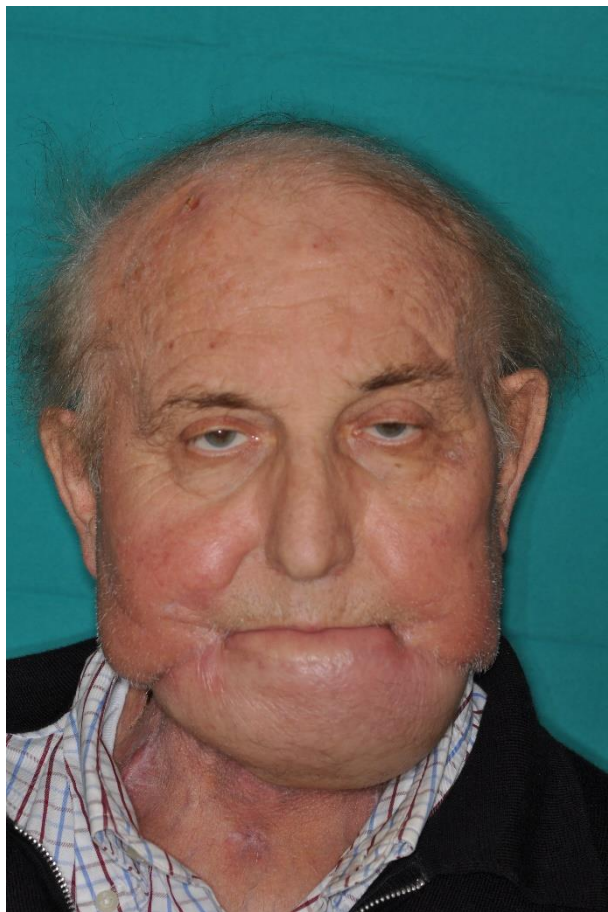
PREOP

Mandibola e cute del mento











GRAZIE

PER L'ATTENZIONE