

Face Reconstruction Using Composite Fibula Free Flap

It is very rare for a surgeon to be astonished by a clinical case. He is used to see the unbearable. Even so, I admit that I have been shocked when I saw Mr. A.K. for the first time. I was horrified by the end of one's life when the non-logic dominates.

*The story began in 1996 with simple squamous cell carcinoma (SCC) in the left side -wall of the nose. The tumor was excised with affected margins once, twice, and thrice. The third one was in 2011, when the tumor has already invaded the left maxillary sinus, the left orbital floor, and the left half of hard palate. Once more, the tumor was excised with no free margins; **figure (1)**.*



Figure (1)

MRI- Axial section through the tumor mass.

() The tumor invaded the left maxillary sinus, the left nasal cavity, the left orbital floor, and the left hemimaxilla; the last two things are not visible in this section.*

*The patient was referred to us in the situation shown below in **figures (2), (3)**.*



Figure (2)

Notice the total absence of the nose, the left hemi-maxilla, the left hard palate, the left orbital floor, and the left cheek- skin.

In the right photo, the black arrow indicates to the nasogastric tube, whereas the arrow in the left one indicates to the silicon sheet put in place to substitute the orbital floor.

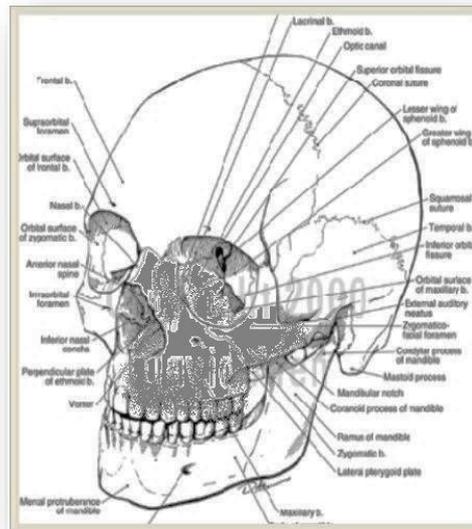


Figure (3)

Diagram of skull showing the osseous defect in gray color; the nose, left maxilla, left hard palate, and the left orbital floor.

The radiological studies showed the exact extension of the tumor. The decision was taken for a complex surgery in order to meet these purposes:

- ✓ *Complete excision of the residual tumor;*
- ✓ *Nose reconstruction;*
- ✓ *Left hemi-maxilla reconstruction;*

- ✓ *Left orbital floor reconstruction;*
- ✓ *Cheek reconstruction.*

*The composite fibular free flap with its four components variant (bone, muscle, fascia, skin) was chosen to realize our ambitious goal, as it has the following potentialities; **figure (4):***

- ✚ *Up to 20 cm of bone component needed for the nose and the left hemi- maxilla reconstruction;*
- ✚ *A fascial component that can support the above eye ball and separate the orbital and the left maxillary sinus from each other;*
- ✚ *A muscular mass that can fill the space of the previously existing left maxillary sinus. In the same time, it supports the new orbital floor made by the fascial component;*
- ✚ *Up to 10X10 cm of skin paddle to secure the new constructions;*
- ✚ *Supplied by the fibular artery whose caliber is suitable for microsurgery. **Figure (5).***

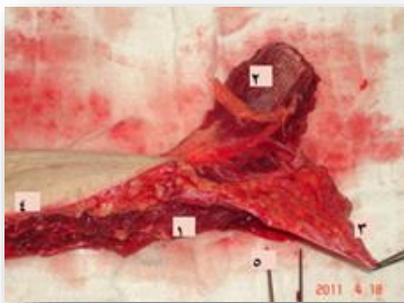


Figure (4)
Composite free fibular flap (bone-muscle-fascia-skin)

*1- fibula. 2- muscular component (fibularis longus and brevis).
3- fascial component. 4- skin paddle. 5- vascular pedicle (fibular artery and veins).*

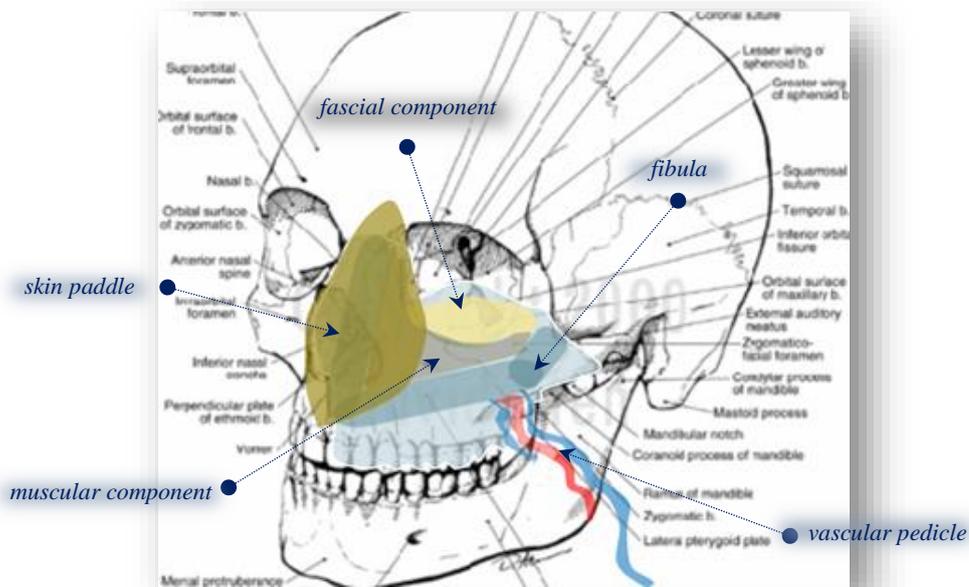
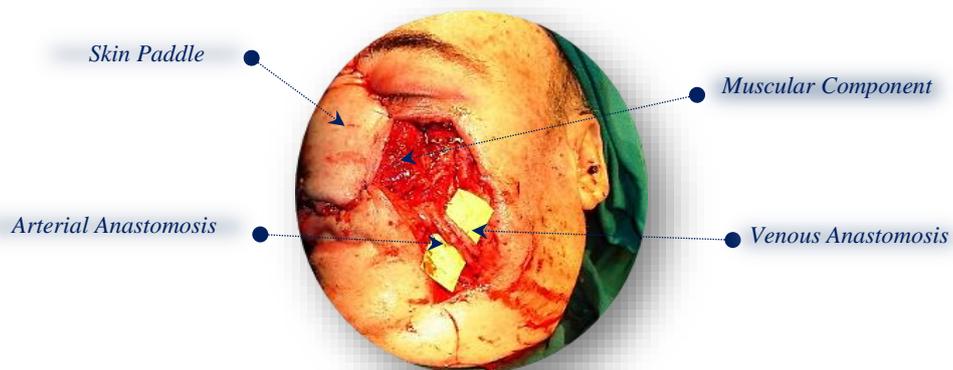


Figure (5) Diagram of skull and the composite fibular free flap in situ

*In surgical exploration, the left facial artery looked very thin in comparison with the fibular artery with 1/2 ratio. Even so, arterial anastomosis is directly done between the two arteries in end-to-end fashion. The left facial veins were fibrosed. A saphenous bypass of 15 cm long was necessary to drain the fibular vein into the superficial jugular vein; **Figure (6).***



**Figure (6)
The Vascular Anastomosis**

Direct arterial anastomosis, fibular artery-to- left facial artery, end-to-end, (inner one). Indirect venous anastomosis, via saphenous bypass, one of the fibular veins-to- superficial jugular vein (outer one).

Post- operating follow:

The operation lasted for 11 hours. CSF leakage occurred in the attempts to reach free tumor margins in the cribrous plate. The dural perforation had been recognized and had been closed by direct stitch over a strip of fibular muscle. The patient was on mechanical ventilation for 72 hours. On the 4th day, tracheostomy was thought to be necessary. The patient was on TPN for 7 days. Afterward, an attempt for oral intake failed. So. NGT was put in place. On 7th post-op day, acute pulmonary oedema installed. On the 9th post-op day, the patient's heart stopped beating for 3 minutes. He has been resuscitated.

*The flap was still warm but with slow capillary refilling, **figure (7)**. Doppler signals were normal. On the 10th post-op day, there was a minimal surgical exploration of the different components of the flap. We were satisfied of their viability. During the same procedure, a glabellar flap was performed to recover the mini- plate exposed in the glabellar region. On the 26th post-op day, the patient had cerebral hemorrhage and comma. He died 4 days afterwards.*



Figure (7)
5th post-operative day
The skin paddle is still warm with a slow capillary refilling

(*) More reported cases of using the Free Fibula Flap in bone reconstruction on these links (Personal Archives):

1. [Maxilla Reconstruction.](#)
2. [Mandible Reconstruction.](#)

3. [*Ulna Reconstruction.*](#)
4. [*Tibia reconstruction in case of recalcitrant osteitis \(1\).*](#)
5. [*Tibia Reconstruction \(2\).*](#)
6. [*Radius Reconstruction \(1\).*](#)
7. [*Radius Reconstruction \(2\).*](#)

In another context, one can read the following:

-  [*Neural Conduction, Personal View vs. International View \(Innovated\)*](#)
-  [*Upper Motor Neuron Lesions, Pathophysiology of Symptomatology*](#)
-  [*Neural Conduction, Action Pressure Waves \(Innovated\)*](#)
-  [*Neural Conduction, Action Potentials \(Innovated\)*](#)
-  [*Neural Conduction, Action Electrical Currents \(Innovated\)*](#)
-  [*The Function of Action Potentials \(Innovated\)*](#)
-  [*The Three Phases of Neural Conduction \(Innovated\)*](#)
-  [*Neural Conduction in the Synapse \(Innovated\)*](#)
-  [*Sensory Receptors*](#)
-  [*Nodes of Ranvier, the Equalizers \(Innovated\)*](#)
-  [*Nodes of Ranvier, the Functions \(Innovated\)*](#)
-  [*Nodes of Ranvier, First Function \(Innovated\)*](#)
-  [*Nodes of Ranvier, Second Function \(Innovated\)*](#)
-  [*Nodes of Ranvier, Third Function \(Innovated\)*](#)
-  [*Node of Ranvier The Anatomy*](#)
-  [*The Philosophy of Pain, Pain Comes First! \(Innovated\)*](#)
-  [*The Philosophy of the Form \(Innovated\)*](#)
-  [*Spinal Injury, Pathophysiology of Spinal Shock, Pathophysiology of Hyperreflexia*](#)

-  [*Who Decides the Sex of Coming Baby?*](#)
-  [*Spinal Shock \(Innovated\)*](#)
-  [*The Clonus \(Innovated\)*](#)
-  [*Hyperactivity Hyperreflexia \(Innovated\)*](#)
-  [*Hyperreflexia, Extended Sector of Reflex*](#)
-  [*Hyperreflexia, Bilateral Responses*](#)
-  [*Hyperreflexia, Multiple Responses*](#)
-  [*Nerve Conduction Study, Wrong Hypothesis is the Origin of the Misinterpretation \(Innovated\)*](#)
-  [*Wallerian Degeneration \(Innovated\)*](#)
-  [*Neural Regeneration \(Innovated\)*](#)
-  [*Wallerian Degeneration Attacks Motor Axons, While Avoids Sensory Axons*](#)
-  [*Barr Body, the Whole Story \(Innovated\)*](#)
-  [*Boy or Girl, Mother Decides!*](#)
-  [*Adam's Rib and Adam's Apple, Two Faces of one Sin*](#)
-  [*The Black Hole is a \(the\) Falling Star?*](#)
-  [*Adam's Rib, could be the Original Sin?*](#)
-  [*Pronator Teres Syndrome, Struthers Like Ligament \(Innovated\)*](#)
-  [*Function of Standard Action Potentials & Currents*](#)
-  [*Posterior Interosseous Nerve Syndrome*](#)
-  [*Spinal Reflex, New Hypothesis of Physiology*](#)
-  [*Hyperreflexia, Innovated Pathophysiology*](#)
-  [*Clonus, 1st Hypothesis of Pathophysiology*](#)

-  [*Clonus, 2nd Hypothesis of Pathophysiology*](#)
-  [*Clonus, Two Hypotheses of Pathophysiology*](#)
-  [*Hyperreflexia \(1\), Pathophysiology of Hyperactivity*](#)
-  [*Hyperreflexia \(2\), Pathophysiology of bilateral Responses*](#)
-  [*Hyperreflexia \(3\), Pathophysiology of Extended Hyperreflex*](#)
-  [*Hyperreflexia \(4\), Pathophysiology of Multi-Response Hyperreflex*](#)
-  [*Barr Body, the Second Look*](#)
-  [*Mitosis in Animal Cell*](#)
-  [*Meiosis*](#)
-  [*Universe Creation, Hypothesis of Continuous Cosmic Nebula*](#)
-  [*Circulating Sweepers*](#)
-  [*Pneumatic Petrous, Bilateral Temporal Hyperpneumatization*](#)
-  [*Ulnar Nerve, Congenital Bilateral Dislocation*](#)
-  [*Oocytogenesis*](#)
-  [*Spermatogenesis*](#)
-  [*This Woman Can Only Give Birth to Female Children*](#)
-  [*This Woman Can Only Give Birth to Male Children*](#)
-  [*This Woman Can Give Birth to Female Children More Than to Male Children*](#)
-  [*This Woman Can Give Birth to Male Children More Than to Female Children*](#)
-  [*This Woman Can Equally Give Birth to Male Children & to Female Children*](#)
-  [*Piriformis Muscle Injection. Personal Approach*](#)
-  [*Eve Saved Human's Identity, Adam Ensured Human's Adaptation*](#)

-  [Corona Virus \(Covid-19\): After Humiliation, Is Targeting Our Genes](#)
-  [Claw Hand Deformity \(Brand Operation\)](#)
-  [Corona Virus \(Covid-19\): After Humiliation, Is Targeting Our Genes](#)
-  [Barr Body: Mystery of Origin & Ignorance of Function](#)
-  [The Multiple Sclerosis: The Causative Relationship Between The Galvanic Current & Multiple Sclerosis?](#)
-  [Liver Hemangioma: Urgent Surgery of Giant Liver Hemangioma Because of Intra-Tumor Bleeding](#)
-  [Cauda Equina Injury, New Surgical Approach](#)
-  [Ulnar Dimelia, Mirror hand Deformity](#)
-  [Carpal Tunnel Syndrome Complicated by Complete Rupture of Median Nerve](#)
-  [Presacral Schwannoma](#)
-  [Congenital Bilateral Thenar Hypoplasia](#)
-  [Biceps Femoris' Long Head Syndrome \(BFLHS\)](#)
-  [Algodystrophy Syndrome Complicated by Constricting Ring at the Proximal Border of the Edema](#)
-  [Mandible Reconstruction Using Free Fibula Flap](#)
-  [Non- Traumatic Non- Embolic Acute Thrombosis of Radial Artery \(Buerger's Disease\)](#)
-  [Isolated Axillary Tuberculosis Lymphadenitis](#)
-  [Free Para Scapular Flap \(FPSF\) for Skin Reconstruction](#)
-  [Three Steps of Neural Conduction](#)

18/04/2011