

CARCINOMA OF THE LOWER LIP: RECONSTRUCTION BY ROTATION FLAPS

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The operation selected for carcinoma of the lower lip depends on the extent of the lesion.

(a) Small lesions are excised widely by a wedge excision as demonstrated in Fig. 1. The cosmetic result with this type of wedge is better than with the usual V-type, and a larger block of tissue is removed, which makes it a better cancer operation. The mucosa is sutured with 000 plain catgut; the muscular layer with 0000 plain catgut; and the skin with 00000 or 000000 black silk without tension, facilitated by undermining the edges.

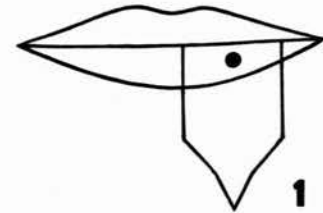


Fig. 1. Method of wedge excision in early cases of carcinoma of the lip.

(b) With slightly larger defects the Estlander reconstruction can be performed with a rotation flap from the upper lip sutured directly into the defect when laterally situated. If necessary the mouth is widened at a later stage. This reconstruction is also used for centrally situated lesions, with division of the pedicle after 14 days.

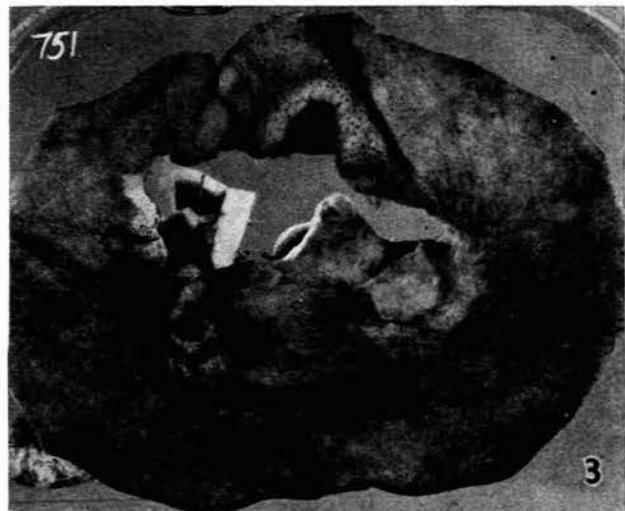
(c) With still larger defects, where one-half or more of

the lower lip is removed, a rotation flap is advanced from the cheek, using flaps from both cheeks in cases where the whole of the lip is removed. This repair is carried out as a one-stage procedure following excision of the carcinoma.

The patients presenting for surgery with these advanced carcinomas have usually visited the quacks, and some have been treated by X-ray therapy. Patients are sometimes referred for palliative surgery by the radiotherapist, as in the case shown in Fig. 2. In this case the patient was only 47 years of age and had been treated by quacks for 7 years. On admission there was infiltration of the mandible and floor of the mouth as well as wide infiltration of the upper lip. The radiotherapy department referred the patient for surgery. The condition was then very advanced, and the patient was anaemic and depressed. His relatives were



Fig. 2. Patient with advanced carcinoma, which started in the lower lip.



Figs. 3 and 4. Specimen removed with the horizontal rami of the mandibles and submaxillary salivary glands *en bloc*.

also depressed not only by his appearance, but also by the smell. A palliative excision was performed.

In Figs. 3 and 4 we see the specimen, and in Figs. 5 and 6 the patient, who, in Fig. 6, is wearing a prosthesis made by the Prosthetic Department of the Dental School.

After the operation the patient gained weight and was more presentable; but he was not cured of his cancer, owing to infiltration in the pterygoid fossae, and reconstruction was not attempted.

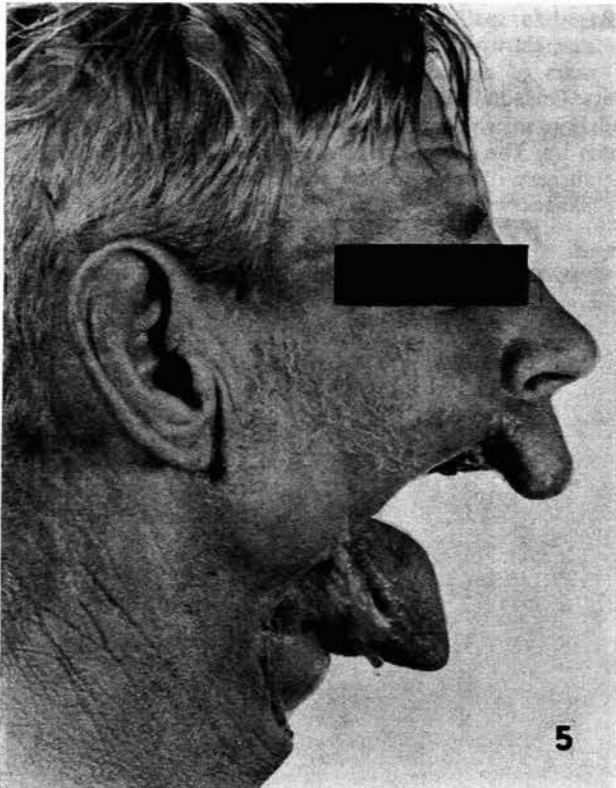


Fig. 5. Same patient as in Fig. 2, 3 weeks after the operation.

Fig. 7 shows a patient with advanced carcinoma which followed recurrence after X-ray therapy. In this case a formal reconstruction was planned.

In all our cases of carcinoma the patient is given an antibiotic, depending on the results of culture and sensitivity test, for about a week before the operation. Thorough physical examination, ECG, X-rays of the chest, full blood count, and haemoglobin determination, are carried out, as well as urine examination. The patient is given 1 G. of vitamin C daily and physiotherapy is prescribed for respiratory exercises as well as for the limbs. Oral hygiene is undertaken by the Dental School.

Hypotension is induced during the operation, with the patient in the sitting position on the operating table. After the lines of excision have been marked out, as in Fig. 8, resection of the lip is performed, including the periosteum of the mandible or, in cases of infiltration, resection of the affected part of the mandible. After the flaps have been cut out on one side the blood pressure is raised until

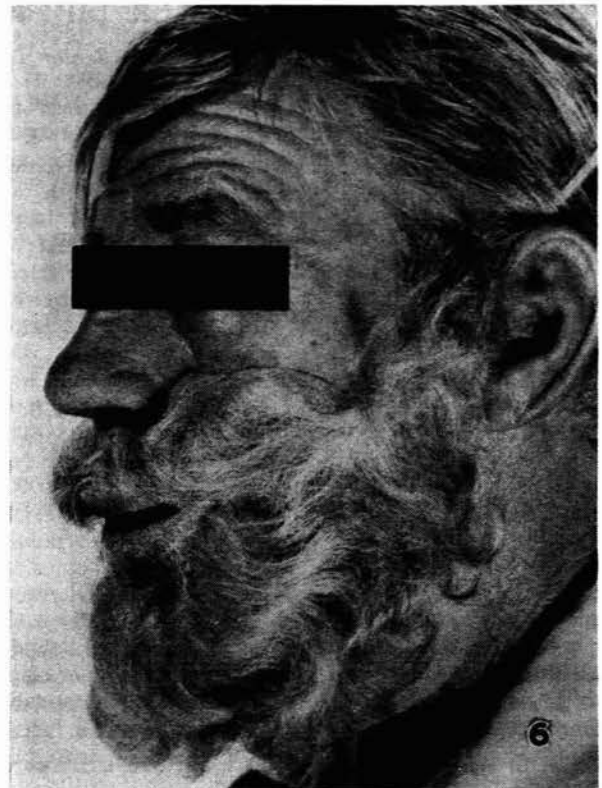


Fig. 6. Same patient as in Figs. 2 and 5, shown with prosthesis. Oedema of lower eyelids due to lymphatic obstruction.

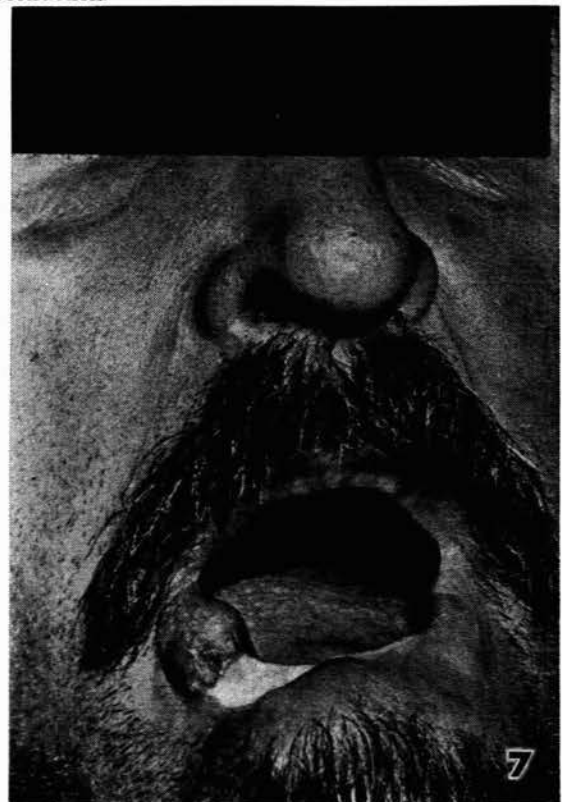


Fig. 7. Patient with recurring carcinoma of lower lip after X-ray therapy.

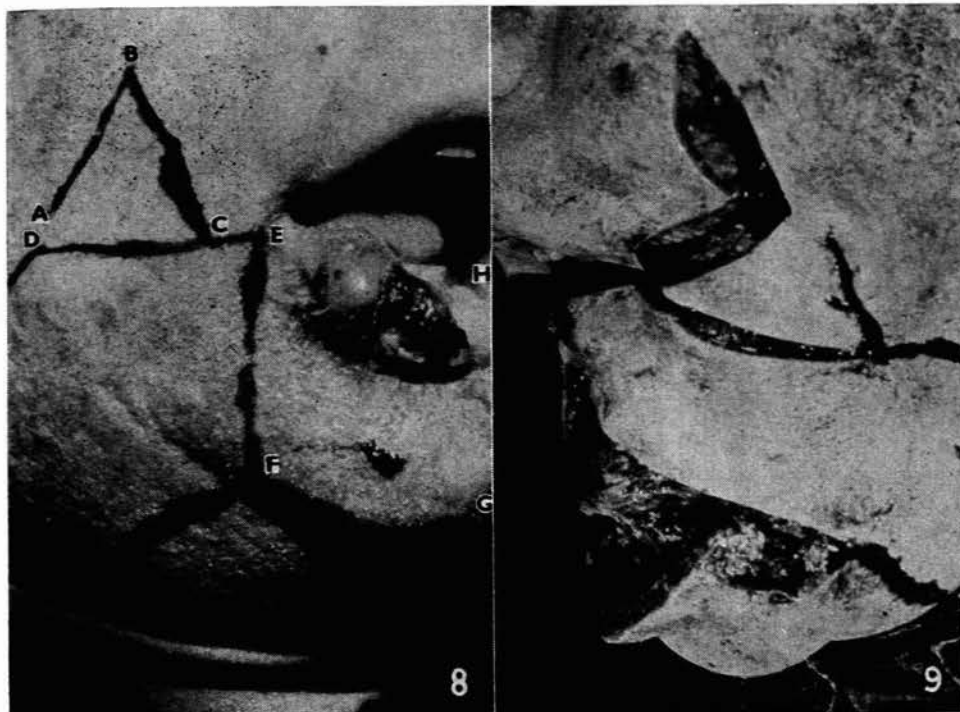


Fig. 8. Lines of incision shown. $AB=BC$. $DE=1$ cm. more than the width of the lip. $EFGH$ =about one half of the block of tissue removed.

Fig. 9. Rotation flap ABC is rotated into the defect resulting from the rotation of DEF , which forms (reconstitutes) the new lower lip.

after suturing of the mucosa and muscular layers; and it is again lowered until the flaps on the opposite side are prepared, when it is finally raised and the patient's head lowered to a horizontal position.

Figs. 9 and 10, show further stages in the operation. As the teeth in these patients, if still present, are usually in a bad state, an alveolectomy is also performed to facilitate the suturing of the flaps and prepare the alveolus for dentures. If necessary, the mental protuberance is also

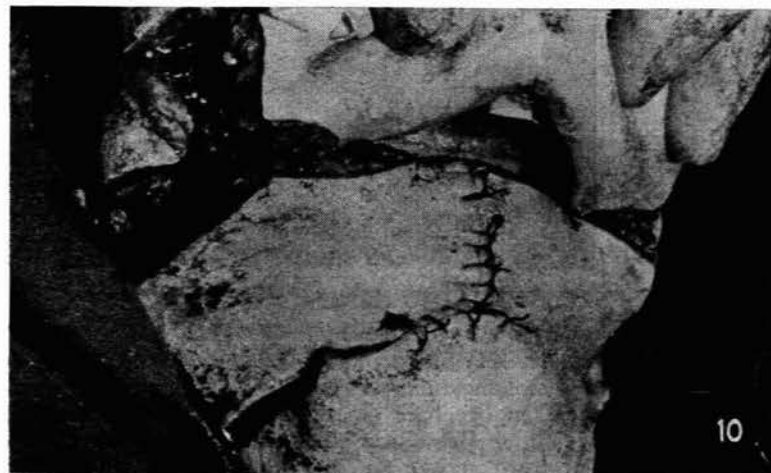


Fig. 10. Suturing of the two rotation flaps to form the new lip, and their mucosa to skin surface for the new lip vermilion.

nibbled away to facilitate apposition of the flaps. The suturing is done with the same suture material as in wedge excision. Figs. 11 and 12 show the postoperative appearance, which is considered to be very satisfactory, the buccal mucosa providing a new vermilion for the lip. The patients should be under postoperative follow-up for recurrence or gland infiltration, and block dissection should be carried out when glands appear.

Figs. 13 and 14 demonstrate another case before operation and 7 months after operation.

This patient's lesion was present for one year and was not a recurrence after previous therapy. Pre-operatively he had treatment by a cancer quack.

SUMMARY

Reconstruction of the lower lip area by rotation flaps is



Fig. 11. Same patient as in Fig. 7, 10 days after operation.

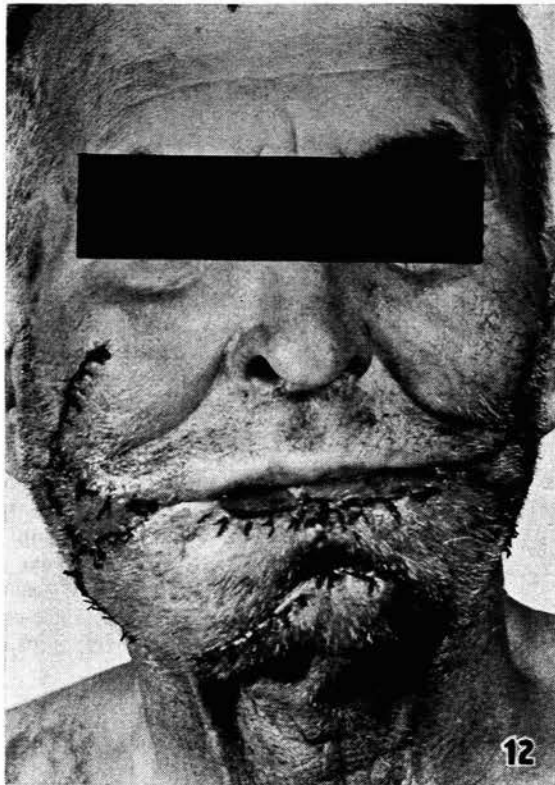
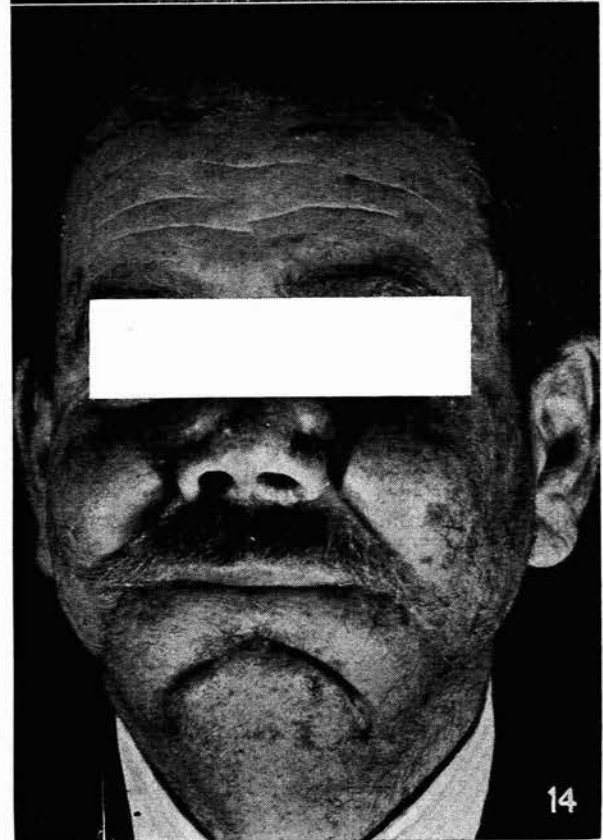


Fig. 12. Same patient as in Figs. 7 and 11, also 10 days after operation.

Fig. 13. Case of carcinoma of lower lip.

Fig. 14. Same patient as in Fig. 13, 7 months after operation with reconstruction by rotation flaps.



described. The cosmetic result is good. Block dissection is carried out after the appearance of glands. Alveolectomy is advised as a routine procedure in cases of whole-lip reconstruction.

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KONFERENSIE OOR GEESTESGESONDHEID

Die Eerste Suid-Afrikaanse Nasionale Konferensie oor Geestesgesondheid sal in Kaapstad gehou word op 17-19 Oktober 1963. Die tema van die Konferensie is 'Beplanning vir optrede op die gebied van Geestesgesondheid'.

Twee Simposiums is gereël, een oor *Die Koördinasie van Geestesgesondheidsdienste*, en die ander oor *Opleiding en Werwing van Geestesgesondheidspersoneel*. Ander

onderwerpe wat gedurende die Konferensie bespreek sal word, sluit onder andere in: Onlangse ontwikkelings in Geestesgesondheidsdienste in oorsese lande, Geestesgesondheid en openbare gesondheid, Geestesgesondheid en opvoeding, en Geestesgesondheidsdienste vir kinders.

Daar word verwag dat die Direkteur van die Wêreldfederasie vir Geestesgesondheid teenwoordig sal wees as 'n spesiale gas.