

(66.7%) - basal cell carcinoma, 3 cases (25.0%) - squamous cell carcinoma, one case (8.3%) - malignant tumor of skin annexes. Surgical treatment consisted of tumor excision within security margins. Defect plasty was performed on the same stage, using our method - the nasal vestibule skin and mucosal defect was closed using a free skin graft, taken from the inner part of the arm and fixed to the internal edges of the defect with separate catgut sutures. Reconstruction of the external contour of the nose was performed with a nasolabial cutaneous adipous flap, inferior (8 cases) or superior (four cases) based. The intervention finished with nasal packing to ensure tight adherence of the skin graft to the flap, removal was performed on postoperative day 5-6. Donor areas were closed by primary suture. In all cases we obtained a 100% healing of both the first skin graft, and the nasolabial flap with no morbidity in donor areas, with a good aesthetic and functional results in all cases. The proposed new method of closure allows rapid postoperative wound healing and tissue reconstruction not only of the skin of ala nasalis, but also of the vestibular cutaneous-mucous part.

I168

PLASTIA DEFECTELOR TISULARE ALE FEȚEI CU LAMBOURI AXIALE FRONTALE

Țurcanu I.

IMSP Institutul Oncologic

Lucrarea prezintă analiza rezultatelor obținute pe parcursul anilor 2009 - 2011 în reconstrucția primară a defectelor tisulare ale feței după tratament chirurgical al tumorilor maligne. În studiu sînt incluși 9 pacienți, care au urmat tratament chirurgical în volum radical, cu formarea unor defecte cutanate ce necesitau plastie. Caracteristica defectelor tisulare: defect total izolat al pleoapei inferioare - 1 caz, defect total al pleoapei inferioare și a unghiului intern - 1 caz, defect parțial al pleoapei superioare - 1 caz, defect parțial al pleoapei inferioare - 1 caz, defect total sau subtotal al pielii piramidei nazale - 3 cazuri, defect al unghiului inter cu trecere pe piramida nazală - 1 caz, defect masiv al orbitei, țesuturilor paraorbitale, piramidei nazale și regiunii zigomatice - 1 caz. Plastia defectelor s-a efectuat în același timp chirurgical, utilizând 3 tipuri de lambouri fascio-cutanate axiale: lambou frontal median și paramedian, ridicat pe una sau ambele artere supratrohleare - 5 cazuri, lambou frontal median insular - 1 caz, lambou frontal lateral (fronto-temporal) pe vasele temporale superficiale - 3 cazuri. Zonele donatoare au fost suturate primar în toate cazurile de utilizare a lambourilor pe a. supratrohleară, în cazul lambourilor laterale zona donatoare a fost suturată primar în 2 cazuri, iar în 1 caz a necesitat plastie cu greșă cutanată liberă. Lambourile migrate în defect au epitelizat primar în 8 cazuri (88,9%), într-un caz a avut loc necroză marginală, mai puțin de 10% din suprafață, a lamboului frontal median utilizat pentru plastia defectului total al piramidei nazale.

RECONSTRUCTION OF DEFECTS OF THE FACE USING AXIAL FRONTAL FLAPS

This paper presents the analysis of results obtained during the years 2009 - 2011 in primary reconstruction of tissue defects of the upper third of the face after radical surgical treatment of malignant tumors. The study included nine patients, all men, who have undergone surgical treatment of skin cancer located in the upper third of the face. Morphological structure of tumors: basal cell carcinoma - 5 cases (55.6%), squamous cell carcinoma - 3 cases (33.3%), recurrent disease - 1 case (11.1%). All cases were subject to radical surgery, with the formation of defects that required surgical reconstruction. Tissue defects characteristics: total isolated lower eyelid defect - 1 case, total lower eyelid and internal canthal region defect - 1 case, partial upper eyelid defect - 1 case, partial lower eyelid defect - 1 case, subtotal or total defect of the nasal pyramid - three cases, defect of the internal canthal region extending to the nasal pyramid - 1 case massive defect that included both eyelids, the orbit, part of the nasal pyramid and the zygomatic region - 1 case. Defects reconstruction was performed primarily, using three types of frontal fasciocutaneous axial flaps: median and paramedian frontal flap, raised on one or both supratrochlear arteries - 5 cases, median frontal island flap - 1 case, lateral frontal flap (fronto-temporal) on the superficial temporal vessels - three cases. Primary donor site were closed primarily in all cases of flaps based on a. supratrochlearis, when a lateral flap was used the donor area was closed primarily in two cases and in one case closure requiring skin grafting. We obtained primary wound healing in 8 cases (88.9%), and one case of marginal necrosis of a median frontal flap (less than 10% of flap surface) in the reconstruction of a total defect of the nose.

I169

RECONSTRUCTIA SANULUI DUPA DIFERITELE PROCEDURI CHIRURGICALE ADRESATE CANCERULUI MAMAR

Grigorean V. T., Stoian A.-R., Radu Elena Violeta, Barsan I., Gheorghiu L.,
Popescu M., Sandu Aurelia, Strambu V., Florescu P.

Spitalul Clinic de Urgenta "Bagdasar-Arseni" Bucuresti, Romania

Spitalul Clinic de Urgenta "Sf. Pantelimon" Bucuresti, Romania

Spitalul Judetean de Urgenta Pitesti, Romania

Introducere. Dintre neoplaziile intalnite la femeie, cancerul mamar o reprezinta pe cea mai frecventa incidenta acestuia fiind in crestere in ultimele decenii. Chirurgia de conservare a sanului este acum larg acceptata drept tratamentul de electie in cancerul mamar. Actualmente, cancerul mamar este abordat in echipe pluridisciplinare, reconstrucția după diferitele tipuri de interventii de exereza fiind preferata in majoritatea cazurilor. Se are in