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## Upper Lip Reconstruction after Oncologic Resection by a Sliding Advancement Cheek Flap with Buccal Mucosal Eversion

メタデータ	言語: 出版者: 公開日: 2020-06-25 キーワード (Ja): キーワード (En): 作成者: メールアドレス: 所属:
URL	<a href="http://hdl.handle.net/20.500.12000/46287">http://hdl.handle.net/20.500.12000/46287</a>





**Fig. 2.** One-year postoperative view. Note the presence of the upper vermilion recruited by buccal mucosal eversion. The patient was able to close the upper and lower lips and masticate using dentures.

along the bilateral alar base of the nose and cheek skin crease to allow for sliding of the advancement cheek flap. The length of the lower incision line was planned to be equal to that of the horizontal defect. Next, wide full-thickness resection was performed to a horizontal diameter of approximately 50mm around the malignant tumor and involved almost three-fourths of the upper lip. After resection of the triangular curvilinear region, the medial edges of each flap were inset with 3-layer closure to provide adequate oral sphincter function. The lower resections were performed through the subcutaneous tissue and muscle to the level of the mucosa. An inferior-based buccal mucosal flap was reversed at the anterior aspect of this incision onto the lower triangular region to create the lateral commissure and upper red lip. Upper vermilion reconstruction was accomplished with buccal mucosal eversion of the lower triangular region (Fig. 1).

The Abbe flap involves a 2-stage reconstruction with risk of relative microstomia, lower lip distortion, and

vascular robustness when applied to large defects.<sup>3,4</sup> However, our single-stage procedure avoids the development of microstomia and allows for closure of the upper and lower lips and mastication using dentures (Fig. 2). Our surgical technique provides reliable reconstruction of large upper lip defects reaching on from the commissure to the nasal sill and the ala base. We recommend this surgical technique for repair of large defects measuring more than three-fourths of the upper lip.

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### DISCLOSURE

*The authors have no financial interest to declare in relation to the content of this article. The Article Processing Charge was paid for by the authors.*

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