EP-038

얕은 엉덩 휘돌이 동맥 천공지 피판을 이용하여 재건한 파리-롬베르그 증후군 1례: 11년 추적 관찰

A case of Parry-Romberg syndrome reconstructed with superficial circumflex iliac artery perforator flap: 11 year follow up

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Purpose: Parry-Romberg syndrome causes progressive unilateral facial atrophy requiring durable volume restoration. We share our experience of treating Parry-Romberg syndrome using a deepithelialized superficial cicumflex iliac artery perforator flap with 11 year follow up

Methods: A 24 year old female underwent reconstruction at age 13 for severe unilateral facial soft tissue deficiency, resulting in a 25cc volume difference between the right and left cheeks. A 18 x 7 cm SCIP flap was harvested from the right inguinal area and completely deepithelialized (50g). Through a preauricular incision, a supra-SMAS pocket was created for insetting. Microvascular anastomosis was performed to the facial artery and vein. An additional 10g of remnant tissue was used as a composite graft for philtral correction

Results: Flap survival was complete without vascular compromise or donor-site morbidity. Immediate postoperative symmetry was achieved, with a significant reduction in the volume difference. At 11-year follow-up, the reconstructed side maintained stable volume without significant atrophy or need for major revision

Conclusion: Deepithelialized superficial cicumflex iliac artery perforator flap provides reliable and durable long term volume restoration in adolescent patients with Parry-Romberg syndrome, demonstrating stable outcomes even with significant preoperative volume discrepancies

Fig 1. Preoprative photo

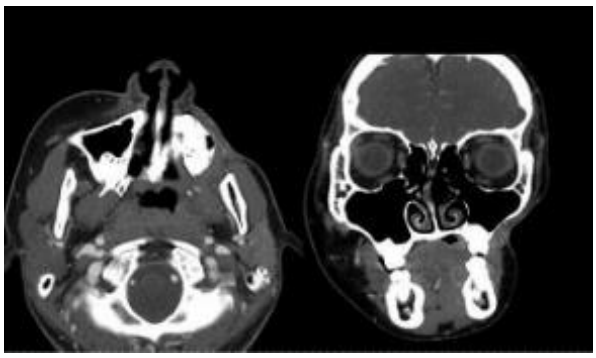

Fig 2. Preoperative CT

Fig 3. Intraoperative photo showing deepithelialized SCIP flap

Fig 4. Postoperatvie photo