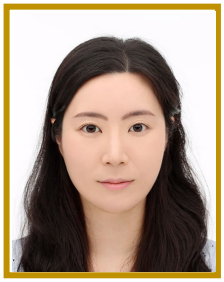
EP-092

판코니 빈혈 환자의 재발성 구강 편평세포암에 대한 순차적 유리피판 재건술

(Sequential Free Flap Reconstruction for Recurrent Oral Cavity Squamous Cell Carcinoma in a Patient with Fanconi Anemia)



경상국립대학교

김지승, 김태호, 김민형, 신재봉, 김남균, 이경석, 김준식★

Purpose: Patients with Fanconi anemia (FA) face a significantly high risk of aggressive, early-onset head and neck squamous cell carcinoma (HNSCC) and frequent locoregional recurrence. This study evaluates the challenges and clinical outcomes of performing sequential microsurgical reconstructions in an FA patient requiring repeated oncologic resections.

Methods: A 27-year-old male with FA presented with recurrent buccal mucosal SCC. We performed a sequential reconstruction following oncologic ablation. The initial soft tissue defect was addressed using a superficial circumflex iliac artery perforator (SCIP) free flap(Fig. 1). Following a local recurrence eighteen months later involving the mandible(Fig. 2A), an extensive salvage surgery was performed, consisting of a segmental mandibulectomy reconstructed with a double-barrel fibular osteocutaneous free flap using microvascular anastomosis(Fig. 2B–D).

Results: Both the SCIP and fibular flaps achieved successful uptake without vascular complications or donor-site morbidity(Fig. 3). However, despite successful structural restoration and negative resection margins, the patient developed progressive functional impairment, including severe trismus (interincisal distance < 1 cm) and masticatory dysfunction(Fig. 4). This was attributed to the cumulative effects of repeated surgeries, radiotherapy, and extensive scarring inherent to the aggressive disease course of FA.

Conclusion: Sequential free flap reconstruction is a viable and necessary approach for managing recurrent HNSCC in FA patients. Surgeons must adopt a flexible, long-term reconstructive strategy that preserves potential donor sites and recipient vessels. While microsurgical success is achievable, clinicians should anticipate persistent functional limitations due to the necessity of multiple salvage procedures and the impact of adjuvant therapies.

Fig. 1. (Lt.) Recurrent ulcer-like lesion on the left buccal mucosa in a 27-year-old male patient with FA.
(Rt.) Postoperative intraoral photograph demonstrating reconstruction with a SCIP free flap following wide excision.

Fig. 2. (A) Recurrent whitish ulcerofungating lesion arising around the previous operative site 18 months after the initial reconstruction. (B) Design of a 10-cm fibular free flap on the patient's left lower leg. (C) Fibular flap with a 4 × 7.5 cm skin paddle after osteotomy for the double-barrel technique. (D) Restoration of bony continuity using a double-barrel fibular free flap following segmental mandibulectomy.

Fig. 3. Postoperative panoramic radiograph demonstrating mandibular reconstruction with a double-barrel fibular free flap.

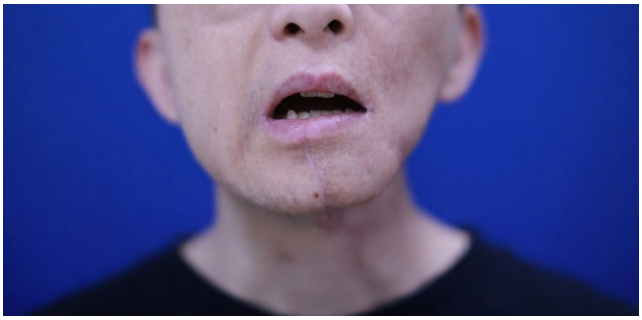


Fig. 4. Clinical photograph showing progressive trismus with an interincisal distance of less than 1 cm after reconstruction.