

EP-099

재발성 편평세포암 절제 후 수직 복직근 근피판(VRAM sandwich flap)을 이용한 재건술에 대한 증례 보고

(Recurred squamous cell carcinoma ablation and subsequent reconstruction with vertical rectus abdominis myocutaneous sandwich flap: A case report)



한림동탄성심병원  
성형외과

이중현, 김병준, 윤인모, 정소연\*

**Purpose:** Squamous cell carcinoma (SCC) of the oral mucosa has a higher recurrence rate than other SCC types. Recurrence is often associated with local invasion of surrounding tissues and regional lymph nodes. Therefore, salvage surgery usually requires more extensive resection of potentially involved structures. In addition, adjuvant radiotherapy is commonly administered after surgery, which should be considered in reconstructive planning.

**Methods:** A female patient had undergone wide lip-cheek resection and lip-switch flap on her left cheek for oral squamous cell carcinoma (OSCC). A recurrent lesion was identified on the primary cancer site during cancer surveillance period. Several lymph nodes on her neck were also invaded. Extensive resection including all the layers of affected tissues were conducted and the lymph nodes were dissected. A vertical rectus abdominis myocutaneous flap (VRAM) was elevated and folded in half to reconstruct the mucosa and skin area together.

**Results:** Venous crisis developed and the anastomosis needed to be revised at early time of flap transfer. Eventually, the transferred flap was well survived in both sides of mucosa and skin even after postsurgical radiotherapy. No additional revision surgery was required, and donor site complication was not observed.

**Conclusion:** Recurred SCC shows poor prognosis in many cases. Salvage surgery at early stage should be the primary choice of treatment. Wide resection with secured margins and nearby lymph nodes is a vital role in the treatment. Following flap reconstruction is also critical to facilitate postsurgical adjuvant radiotherapy.



**Figure 1.** (A) Postoperative view after reconstruction of lip squamous cell carcinoma using a superior labial artery-based Abbe-Estlander flap, demonstrating restoration of lip contour and oral competence.

(B) Intraoral photograph demonstrating recurrence of squamous cell carcinoma in the buccal mucosa at the prior operative site.



**Figure 2.** (A) Intraoperative view of an extensive composite defect of the skin and buccal mucosa following wide resection for recurrent squamous cell carcinoma (SCC) and neck lymph node dissection, performed in collaboration with the head and neck surgery team.

(B) Elevation of a vertical rectus abdominis myocutaneous (VRAM) flap based on the deep inferior epigastric vessels for reconstruction.

(C) Harvested free vertical rectus abdominis myocutaneous (VRAM) flap demonstrating the deep inferior epigastric artery and accompanying veins forming the vascular pedicle.



**Figure 3.** Immediate postoperative photograph in the recovery room following secondary debulking of the free vertical rectus abdominis myocutaneous (VRAM) flap.



**Figure 4.** (A) Clinical photograph obtained 3 months postoperatively, showing maintained flap viability and contour following free VRAM flap reconstruction.

(B) Intraoral view obtained 3 months after surgery, showing well-healed mucosa with no clinical evidence of tumor recurrence.