

the presence of metastatic or occult disease, half-life kinetics of serum tumor markers have to be assessed, the nodal pathway has to be screened and the presence of visceral metastases exclude and status of brain and bone if any suspicious symptoms are present.

Conclusions:

Choriocarcinoma, though is a rare malignancy, it affect young men in the prime of life and is the most aggressive histologic variant of germ cell tumor. But it has a good prognosis if diagnose early and treat accurately. Serum beta hCG level plays an important role in diagnosis, in monitoring therapy and follow-up of patients with choriocarcinoma.

References:

Richie JP. Neoplasm of the testis. In: Walsh PC et al, editors. Campbells urology 7th ed. Philadelphia: WB Sanders, 1993, pp 2411-2452.

1. Klein EA. Tumor markers in testis cancer. Urol Clin North Am, 1993; 20: 67-73.

2. Akaza H, Kameyama S, Aso Y. Significance of tumor markers in the treatment of urological malignancies. 1987 Nov; 14 (11): 3034-40

3. P. Albers, W. Albrecht, F. Algaba. Guideline on testicular cancer. European Association of Urology 2006, update March 2005, pp-4.

4. Segal R, Lukka h, klotz LH, cancer care Ontario practice guidelines initiative genitourinary cancer disease site group. Surveillance programs for early stage non-seminomatous testicular cancer: a practice guideline. Can J urol 2001; 8: 1184-1192.

5. Heike JP, balfe DM, McClennan BL, Testicular tumors: Oncologic imaging and diagnosis. Int J Radiat Oncol Biol Phys. 1984 Feb; 10(2): 275-87.

6. Leibovitch I, Foster RS, Kopecky KK. Improved accuracy of computerized tomography based clinical staging in low stage non-seminomatous germ cell cancer using size criteria of retroperitoneal lymph nodes. J Urol 1995; 154: 1759-63

Case Report

Reconstruction of Angle of the Mouth by Microvascular Radial Forearm Free flap- A case report

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Abstract

The terms free flap and free tissue transfer are synonymous used to describe the movement of tissue from one site on the body to another. "Free" implies that the tissue, along with its blood supply, is detached from the original location (donor site) and then transferred to another location (recipient site). However, studies are still going on about the different aspects

Key Words: RFFF, STSG, Angle of the mouth, Allen's test

Introduction:

Microvascular free flaps have the advantage of

of its success and failure. The present case report is one such step to share our experience. In this case report successful microvascular free tissue transfer was possible. With the increase in experience we can expect increased success rate as well.

providing healthy, vascularized, nonirradiated tissue for recipient sites that may have been compromised by surgery, radiation, chemotherapy, or a combination of the three.¹ The Free Forearm

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flap was first described for head and neck reconstruction by Yang in 1983 for a neck defect.² In our case, primary closure could be done but that would produce microstomia so we planned for free flap.

Operation Procedure:

A 65 years old male from Kadamtoli, Dhaka admitted into Otolaryngology dept, SSMC Mitford Hospital with the complaints of an exophytic lesion (2cm×2 cm) in the left angle of the mouth (both skin and oral mucosa) for about 3 months which is firm in consistency, tender and surrounding area was indurated. No palpable neck node was found.

Tissue taken from buccal mucosa and sent for histopathology. The report said that it was Invasive Squamous Cell carcinoma (gr - 1). So we had gone for wide excision of the mass followed by reconstruction. Reconstruction was done with Radial Free Forearm Flap (RFFF) harvested from the left forearm with palmaris longus tendon. This tendon was attached in two cut ends of orbicularis oris for maintaining sphincter function of the mouth. Donor site was covered with Split Thickness Skin Graft (STSG) from left thigh. Allen's test was performed preoperatively to assess ulnar collateral flow in the thenar region.

Operation was performed in 5 hours. An end-to-end arterial anastomosis was performed between facial artery (approx. 2.5 mm) and radial artery (approx. 3 mm) while only one end-to-end venous anastomoses were performed between concomitant facial vein and radial vein (approx. 2.5 mm). Another recipient vein was lost due to extensive use of diathermy.

Fig. I: 1st POD



Bolus dose of injectable heparin (1000 unit) was infused intravenously as soon as the flap circulation established. Basic principles of microvascular anastomosis were followed using high magnification Loupe. Antimicrobial coverage given with I.V. Ceftriaxone for 5 days. The patient recovered uneventfully.

Discussion:

The forearm flap has a number of unique advantages for head and neck reconstruction. Its surgical anatomy is remarkably consistent, making it a relatively easy flap for surgeons to learn and harvest reliably. The skin in the distal third of the arm is extremely thin making it an ideal flap for interior reconstruction of the lateral tongue or floor of mouth.³ The use of RFFF for face reconstruction gives excellent result if the technique is applied by a competent surgeon. RFFF since its introduction has become a workhorse flap in head and neck reconstruction. The RFFF's popularity has stemmed from its superior soft tissue characteristics, which offer a large amount of thin, pliable skin that conforms well to the native contours of the recipient site. The flap is relatively easy to harvest and can be dissected at the same time as the extirpative procedure. It has a long vascular pedicle with large caliber vessels, predictable innervations for establishing local sensation and minimum donor-site morbidity.⁴

The palmaris longus muscle is seen as a small tendon between the flexor carpi radialis and the flexor carpi ulnaris. Its origin is medial epicondyle of humerus (common flexor tendon) and inserted into palmar aponeurosis. This tendon is supplied by median nerve.⁵

Other factors that might preclude optimal results include microvascular thrombosis caused by a less than ideal technique, poor choice of recipient vessel, or systemic problems such as arterial hypotension or a hypercoagulable state.^{6,7,8}

An Allen's test should be performed preoperatively to assess ulnar collateral flow in the thenar region. This is performed by manually occluding both the radial and ulnar arteries simultaneously. The patient clenches his/her hand causing the palm to blanch and then opens it to a relaxed position. If the fingers are extended straight out, they may blanch from overextension, which may lead to a false-positive result.⁹

Conclusions:

Microvascular free tissue transfer offers the surgeon an opportunity to adapt a specific reconstruction of the defect and to allow the patient to lead a near normal social life. With the increase of experience and sharing of expertise this procedure will hopefully get popularity in Bangladesh.

References:

1. MA Ali et al.. Microvascular Free Tissue Transfer at Chittagong Medical College Hospital - A Milestone. Bangladesh Journal of Plastic Surgery 2010;1:3-5
2. Yang GF. Free grafting of a lateral brachial skin flap. Zhonghua Wai Ke Za Zhi 1983;21:272-4.
3. Boyd B et al. Reinnervated lateral antebrachial cutaneous neurosome flaps in oral reconstruction: are we making sense? Plastic & Reconstructive Surgery 1994;93:1350-9; discussion 1360-2.
4. Jeng SF. Total Lower Lip Reconstruction with a Composite Radial Forearm-Palmaris Longus Tendon Flap: A Clinical Series. Plast Reconstr Surg 2004; 113:19-23.

5. Sebastin, S. J.; Lim, A. Y. T.; Bee, W. H.; Wong, T. C. M.; Methil, B. V. (2005). "Does the absence of the palmaris longus affect grip and pinch strength?". Journal of hand surgery (Edinburgh, Scotland) 30 (4): 406-408
6. Davidson SF, Brantley SK, Talbot PJ, Das SK: A functional model of microvascular thrombosis. Plast Reconstr Surg 1990; 86(3): 579.
7. Gu JM, Acland RD, Anderson GL, et al. Poor surgical technique produces more emboli after arterial anastomosis of an island flap. Br J Plast Surg 1991; 44: 126.
8. Sonntag BV, Murphy RX, Chernofsky MA, Chowdary RP: Microvascular steal phenomenon in lower extremity reconstruction. Ann Plast Surg, 1995; 34(3): 336-9. Mark K Wax, MD; Chief Editor: Arlen D Meyers, MD, MBA. Radial Forearm Tissue Transfer - M E D S C A P E r e f e r e n c e - (<http://emedicine.medscape.com/article/880531-overview#showall>)

Obituary News

BMA would like to express deep condolence on deaths of the following notable Physicians in recent past :

Sl. NO	Name	Age	Name of Distrit
01	Dr. Noor-Un-Nabi	80	Ex. President, BMA Chittagong Branch & Ex. Director General, Health Services
02	Dr. Nirmalendhu Roy	86	Patharghata, Borguna
03	Dr. A. M. Shamsuddin Siddiquei		Ex. Director General, Health Services
04	Dr. Mamtazuddin	80	
05	Dr. Hedayet Islam	68	Narayanganj
06	Dr. Zafar Ahmed	75	Patia, Chittagong.
07	Dr. M. R. Azad		Ex. Director, Dhaka National Hospital & Principal, Dhaka National Medical College.
08	Dr. Abdul Wadud Khan	68	Dhaka
09	Dr. Syed Habibur Rahman		Nilphamari
10	Dr. M. Alauddin	66	Ex-Professor & Head, Dept. of ENT., DMCH. & Ex-Chairman Dept of ENT., BSMMU.
11	Dr. Shah Alam	73	Dhaka
12	Dr. Abdul Baki Mriza	40	Sirajganj
13	Dr. Shahara Belgum	52	Holy Family red crescent Hospital, Dhaka.
14	Dr. Zems Klementh Halsana		Member, BMA Chuadanga Branch.

May Allah bless the departed souls.

Our heartiest commiseration to the deceased's family, our prayers are with them during this difficult moment of their life.