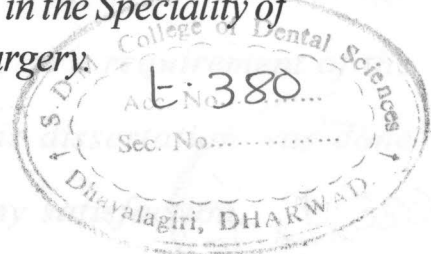


ANATOMIC VARIATIONS, TECHNIQUE AND CLINICAL APPLICATIONS OF ANTEROLATERAL THIGH FLAP FOR THE RECONSTRUCTION OF HEAD & NECK DEFECTS



*Dissertation Submitted to the Rajiv Gandhi University of Health
Sciences, Bangalore, in Partial Fulfillment of the Requirements for the
Degree of Master of Dental Surgery, in the Speciality of
Oral & Maxillofacial Surgery.*



September 2004

Dr. RAGHAVENDRA S. KURDEKAR

**Department of Oral & Maxillofacial Surgery
S.D.M. College of Dental Sciences & Hospital,
Dharwad.**

Head and neck cancers account for about 6% of all the cancers. Resection of the tumors in this region leaves behind a significant functional as well as cosmetic defect. Reconstruction of such defects is as important as resection and is a challenging task for the operating team. Local flaps, regional flaps and free flaps have been and are being used to reconstruct such complex defects. Microvascular free tissue transfer is becoming increasingly popular and is the mainstay in the modern day reconstructive surgery.

Anterolateral thigh flap is one such free flap which can be used to reconstruct the head and neck defects when large amount of tissue bulk is required. Song et al described anterolateral thigh flap for the first time in 1984 as a septocutaneous perforator based flap and was later developed for wide-spread clinical applications by Koshima et al in 1993.

The ideal quality of any soft tissue free flap for head and neck reconstruction should be, versatility in design, adequate tissue bulk, superior texture, minimal donor site morbidity, availability of diverse tissue type on one pedicle, potential for reinnervation, large and long pedicle, feasibility of two team approach and most importantly consistent anatomy for an easy and safe flap dissection. Anterolateral thigh flap provides all these qualities except for the last one i.e. consistent anatomy.