

1985 YEAR BOOK OF

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HEAD AND NECK
SURGERY

PAPARELLA
BAILEY

1985

The Year Book of OTOLARYNGOLOGY -HEAD AND NECK SURGERY

Otology

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ered to be arteriovenous malformations. The cobblestone-pattern lesions exhibited localized exaggeration of ectasia with prominent red cell stasis within the entire lesion.

Classification of variants of the PWS and associated developmental lesions should lead to improved recognition and treatment of these lesions. The developmental tumors seen in an area of PWS are best categorized as arteriovenous malformations. They may be more likely to develop in patients with localized exaggeration of ectasia, or cobblestone PWS. Argon laser treatment appears to be effective for cobblestone lesions. Unresponsive lesions can be excised, followed by primary closure, skin grafting, or flap rotation.

Clinical Evaluation and Surgical Treatment of Hemangioma

Ivo Pitanguy, Alberto M. L. Caldeira, Carlos Alberto Calixto, and Adelson Alexandrino (Rio de Janeiro)

Head Neck Surg. 7:47-59, October 1984

8-17

Hemangiomas are benign vascular malformations that develop independently of the normal circulatory system. Most hemangiomas have evidence of spontaneous involution. The management of 473 consecutive patients with these lesions is outlined in the table. A conservative approach yields the best cosmetic results. Substantial involution occurred in more than half of the patients in this series who had no surgery before preschool age. The course of the lesions can be monitored by photography, xeroradiography, ultrasonography, and the Doppler method. Superselective arteriography is used to determine the extent of a lesion. Rapidly developing hemangiomas should be treated in the first months of life. Pressure, as from a facial splint, has been used to treat localized lesions. Steroid therapy has been used to limit the rapid growth of hemangiomas, but these drugs must be administered during the growth period.

Both capillary and cavernous hemangiomas that fail to resolve by school age are excised, followed by direct repair or advancement or flap rotation, or skin grafting. Obliteration is an option if excision is difficult because

TREATMENT OF HEMANGIOMAS IN 473 PATIENTS

Treatment	No. of patients
Early surgical treatment	101
Resection following obliterating treatment	151
Conservative treatment	
Involution	149
Noninvolution	46
Unchanged	26

(Courtesy of Pitanguy, I., et al.: Head Neck Surg. 7:47-59, October 1984.)

4.6.33

of the site or extension of a lesion. The use of sclerosing agents is preferable to irradiation. Significant psychological problems can develop in a patient with nevus flammeus. Port-wine stains can be managed by excision and direct closure. Local flap repair is preferable to skin grafting. Dermabrasion may be suitable for treating superficial port-wine stains. The argon laser presently is being used successfully, and it is a comparatively safe approach. Hemangiomas with arteriovenous malformations and fistulas can be managed by embolization with various materials. Selective angiography and the Doppler study can be helpful in the management of difficult lesions.

► The argon laser has been used to eradicate port-wine stains (PWSs) and this topic has received attention recently in the otolaryngologic literature. Finley (abstract 8-16) addresses the infrequent association of more significant vascular pathology with PWS in 7 of 500 patients. The authors point out that when cavernous hemangiomas or arteriovenous malformations are present (some authors report as high an incidence as 5%) with PWSs, laser treatment may not be effective. In this subgroup, the surgeon must be prepared to employ excision with skin grafting or flap reconstruction of the surgical defect.

Pitanguy et al. (abstract 8-17) expand upon this theme in their report of surgical management of hemangiomas. They emphasize the importance of careful classification and conservative management of these vascular tumors. Selective angiographic embolization and staged, sequential excision are used most frequently by these authors. While most of their message is authoritative, the section dealing specifically with port-wine stains seems outdated, and the reader is advised to seek more current information.

Autologous Fascia Grafts in Head and Neck Plastic Surgery

Dennis M. Everton, Michael L. Lepore, Donald W. S. Yim, Jay J. Quilligan, Carl Christopher Stacy, and Thomas Van Sant (Tripler Army Med. Center, Hawaii)

Arch. Otolaryngol. 110:458-462, July 1984

8-18

Autologous grafts to the facial region are an attractive option because of their ready availability and the seemingly lower incidence of problems such as rejection, infection, and shrinkage. The morphology and stability of autologous fascia grafts were assessed in rabbits having grafts placed in pressure and nonpressure areas in the ear, abdomen, and intra-abdominal cavity, and followed for 4 months. Fascial autografts from the leg weighing 0.1-1.0 gm were used. Spherical grafts were placed subcutaneously in the ear region and the abdomen as well as in the intraperitoneal cavity, where they were sutured to the intra-abdominal wall.

About 25% of the initial autografts by weight remained after 4 months in all sites. The intra-abdominal grafts were more reduced in diameter than were those in other sites. Little inflammatory response developed in areas of fibrous connective tissue, but there was marked inflammation surrounding suture material and areas of necrotic muscle. Remaining frag-

February 1, 1985

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Pitanguy, Ivo; Caldeira, Alberto M. L.; Calixto, Carlos
Alberto; Alexandrino, Adelson
CLINICAL EVALUATION AND SURGICAL TREATMENT OF HEMANGIOMATA
Head Neck Surg. 7:47-59, October 1984
Table I

Ivo Pitanguy, M.D., FACS
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Dear Dr. Pitanguy:

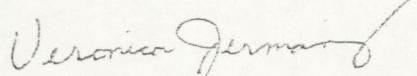
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