

# 口腔癌治療新趨勢

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# 4th World Congress of International Federation of Head and Neck Oncologic Societies

Abstract Book



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T03-17

### Functional Outcome Following Free Jeocolic Flap in Total Pharyngolaryngectomy

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**Background:** Pharyngolaryngectomy is the standard of care for patients with advanced oropharyngeal and hypopharyngeal cancer. However, the functional outcome following total pharyngolaryngectomy is poor. The jeocolic flap is a free flap with a long history of use in head and neck reconstruction. It is a well-vascularized, well-matched flap for pharyngeal reconstruction. The purpose of this study was to evaluate the functional outcome following free jeocolic flap in total pharyngolaryngectomy.

**Methods:** A retrospective analysis of 100 patients who underwent total pharyngolaryngectomy with free jeocolic flap reconstruction was conducted. The patients were divided into two groups: the jeocolic flap group and the non-jeocolic flap group. The functional outcome was evaluated using the Functional Oral Ingestions Index (FOII) and the Functional Swallowing Index (FSI).

**Results:** The mean age of the patients was 65.5 years. The majority of patients were male. The jeocolic flap group had a significantly higher FOII and SFI compared to the non-jeocolic flap group. The jeocolic flap group had a significantly higher rate of functional oral intake and swallowing compared to the non-jeocolic flap group.

**Conclusion:** Free jeocolic flap reconstruction is a functional and reliable method for pharyngeal reconstruction following total pharyngolaryngectomy. It provides a significant functional benefit compared to other reconstruction methods.

**Keywords:** Free jeocolic flap, Total pharyngolaryngectomy, Functional outcome, FOII, SFI.

**Introduction:** Total pharyngolaryngectomy is a radical procedure for the treatment of advanced head and neck cancer. The functional outcome following total pharyngolaryngectomy is poor. The jeocolic flap is a free flap with a long history of use in head and neck reconstruction. It is a well-vascularized, well-matched flap for pharyngeal reconstruction. The purpose of this study was to evaluate the functional outcome following free jeocolic flap in total pharyngolaryngectomy.

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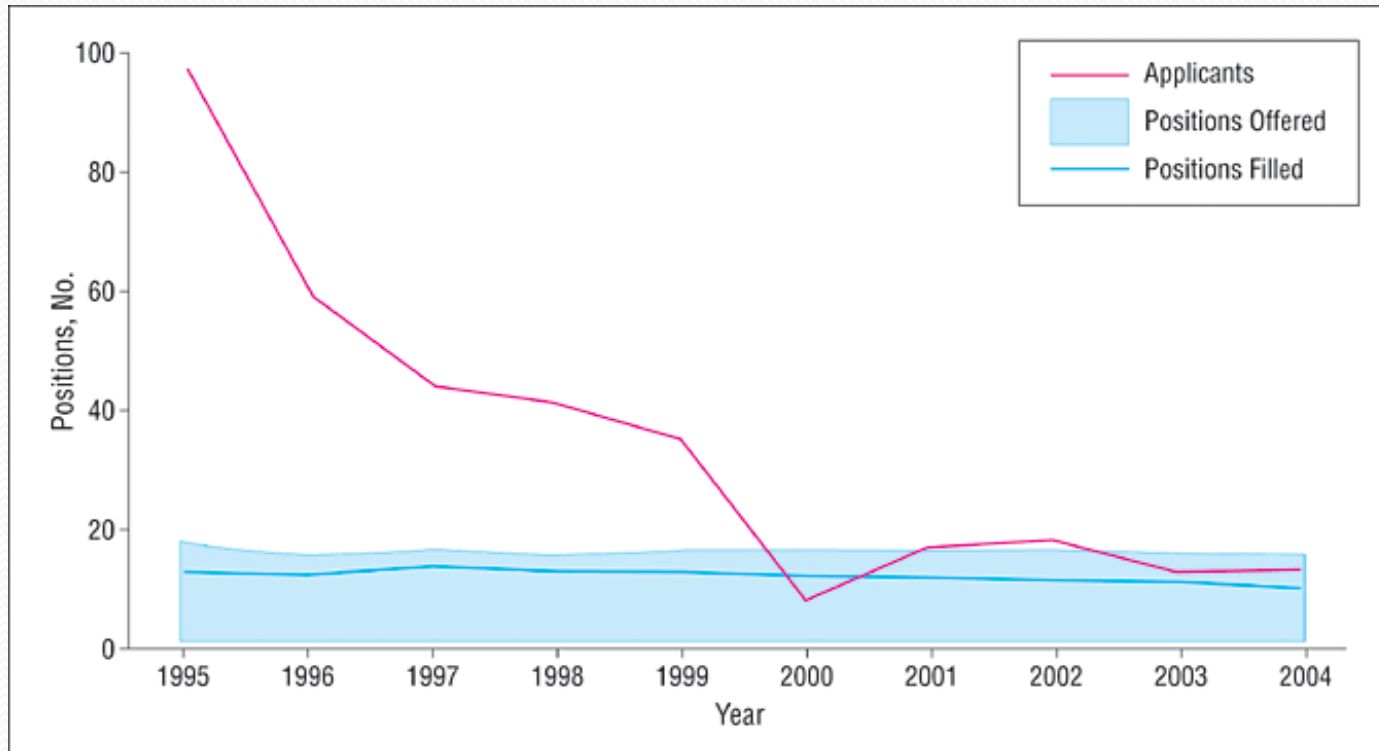
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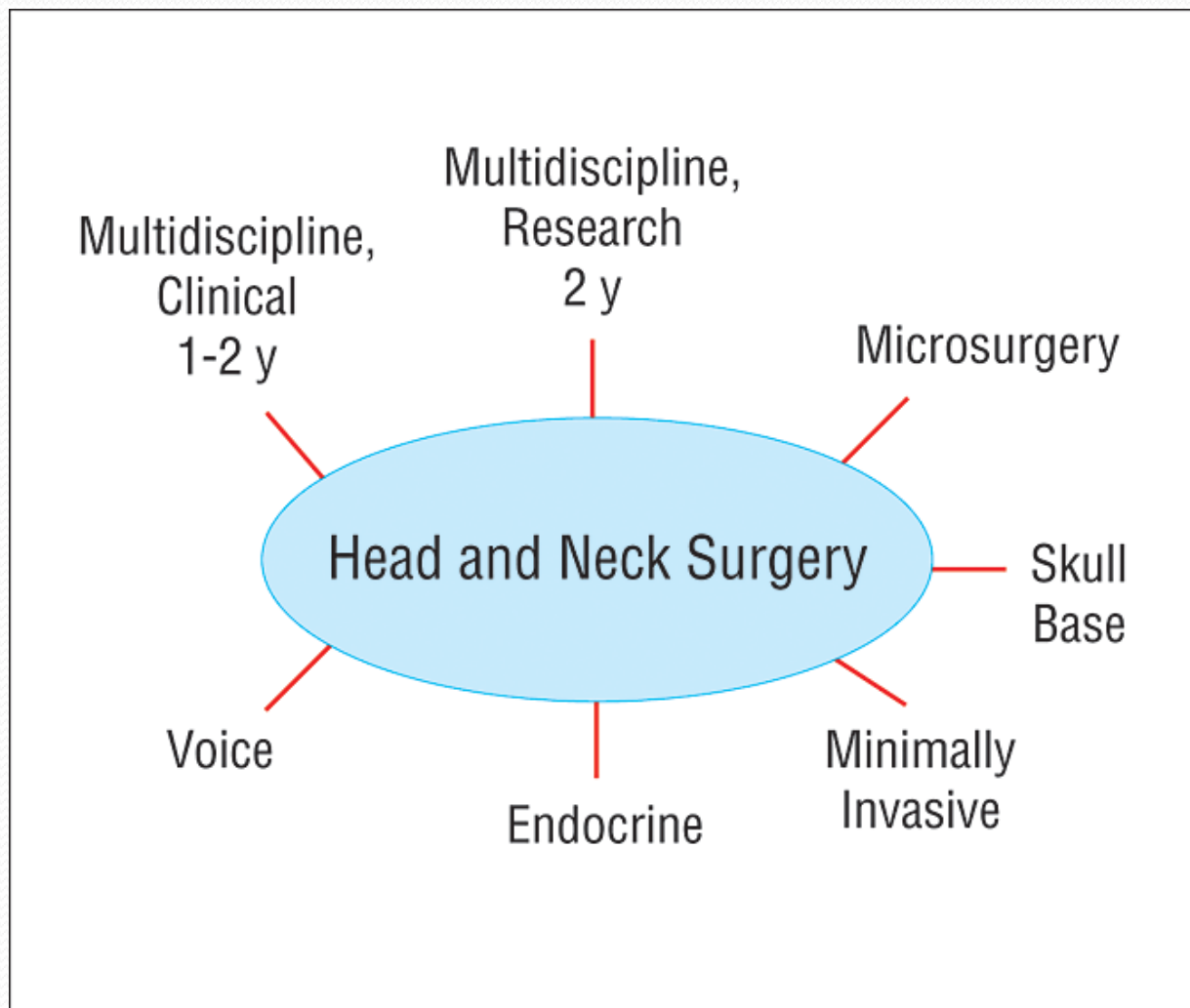
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# Head and neck fellowship programs and applicant pool



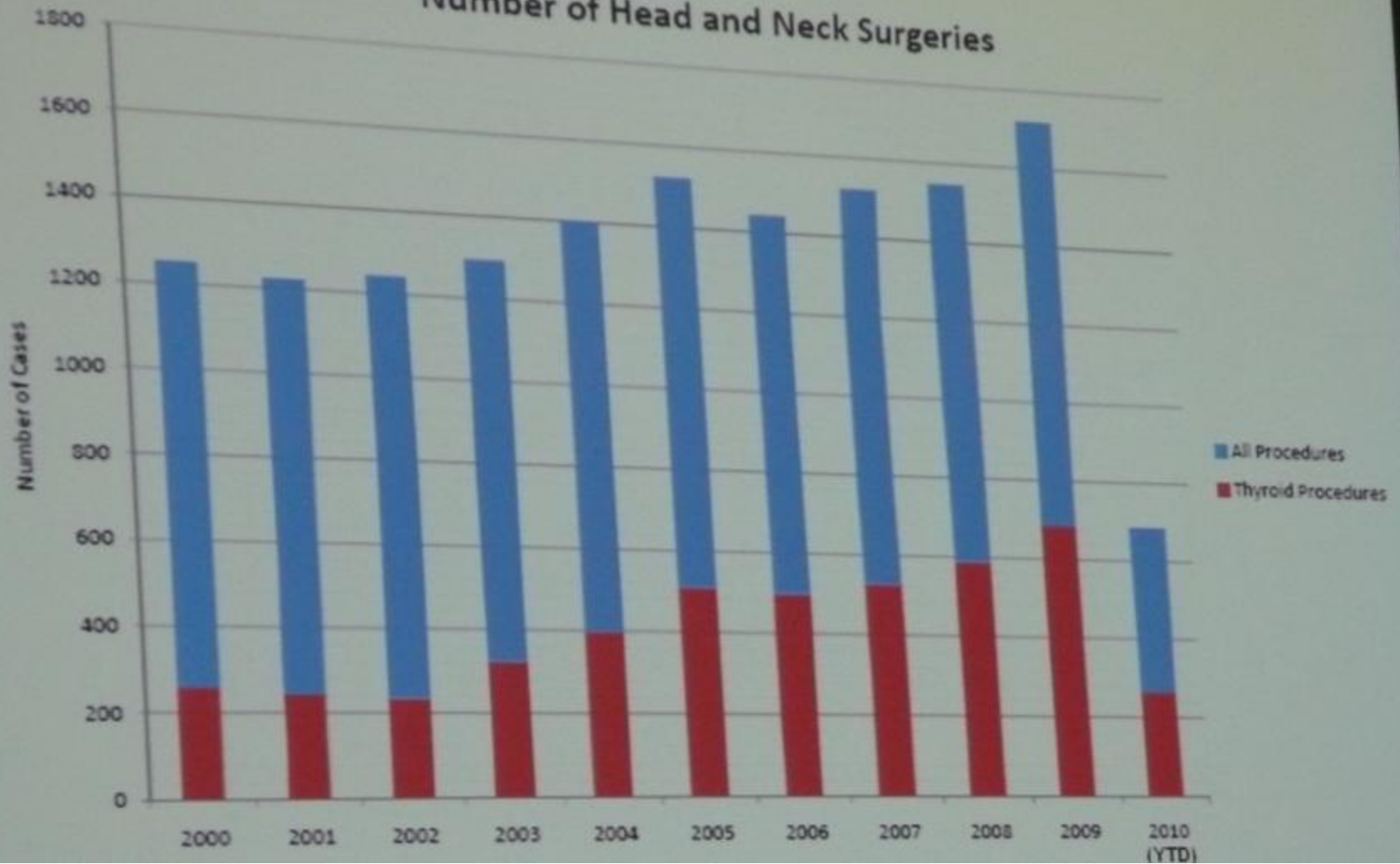
Shah, J. P. Arch Otolaryngol Head Neck Surg 2005;131:556-560.

# Possible subspecialty areas in head and neck surgery fellowships



Shah, J. P. Arch Otolaryngol Head Neck Surg 2005;131:556-560.

## Number of Head and Neck Surgeries



# Head & Neck surgery

## Changing Nature of the specialty

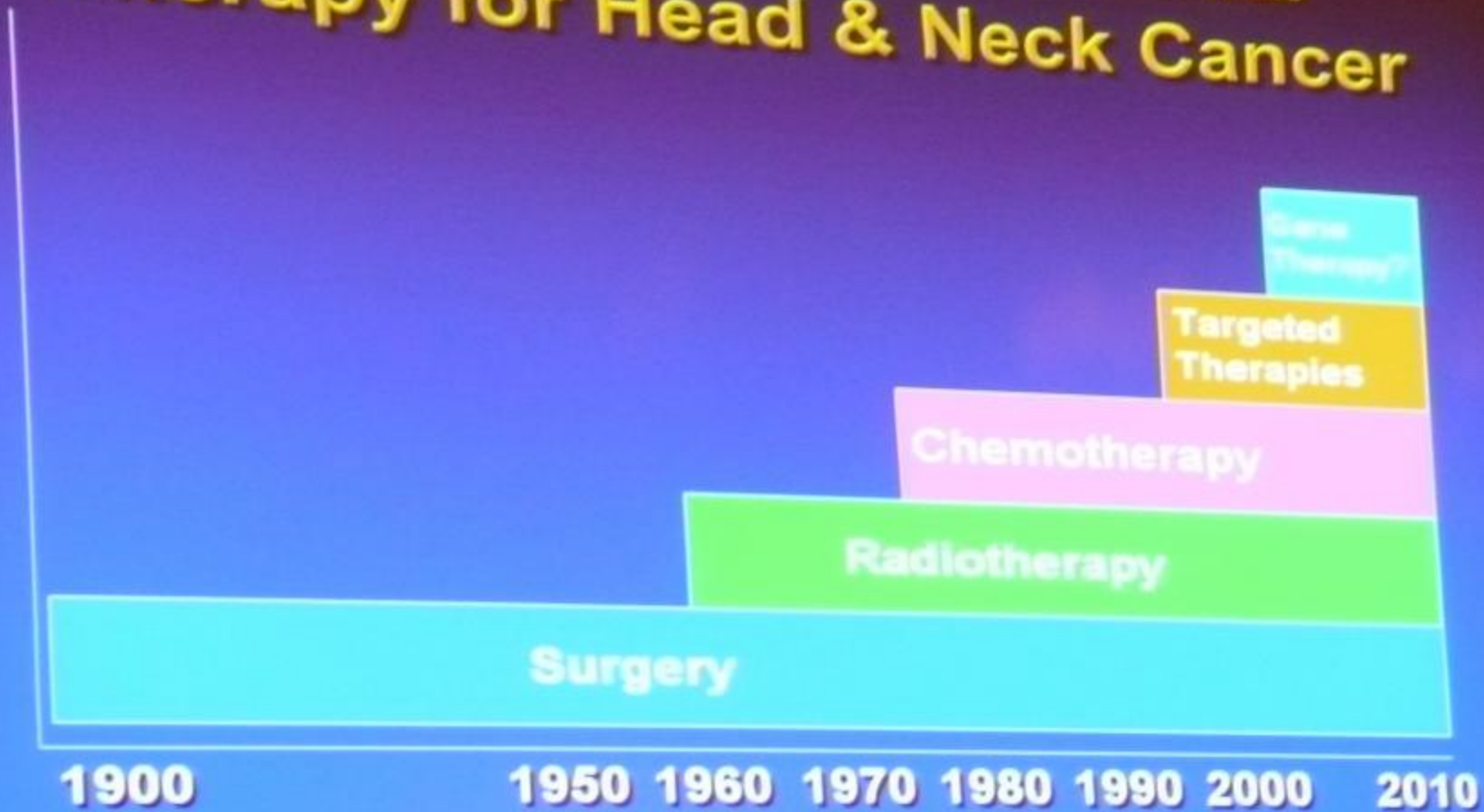
- Multidisciplinary specialty
- Increasing importance of CCRT
- Modified role of surgery:

Less radical with functional preserved

Minimally invasive, Robotic?

Post CCRT salvage

# Development of Multimodal Therapy for Head & Neck Cancer



# Changing Trends in Management of Oral & Pharyngeal Cancers



**Chemo + RT**



**Surgery**



**Endoscopic  
And Robotic  
Surgery**



**Open Access  
Operations**



# Changing Nature of Surgical Practice in Head & Neck Oncology



**Role of chemo/RT for organ preservation – larynx/pharynx**

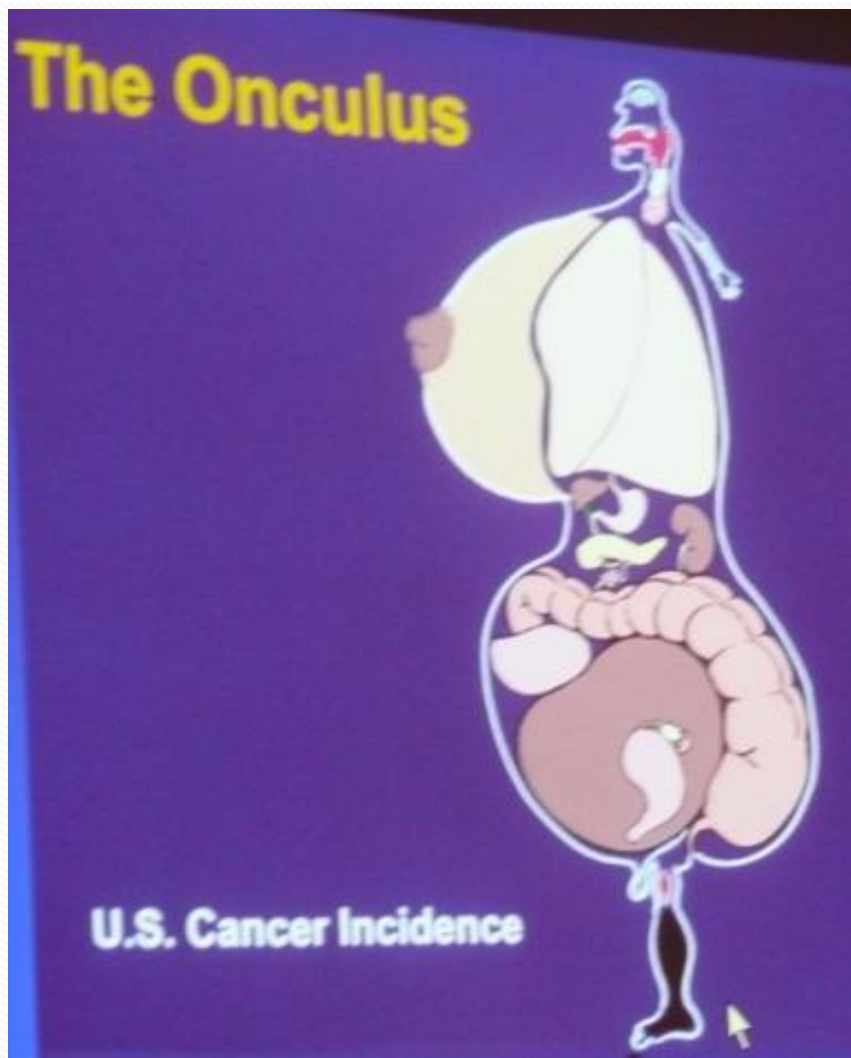


**Primary surgical treatment**



**Need for salvage surgery**

# 美國癌症的顯學



- 乳房
- 肺部
- 大腸
- 膀胱

(X) Head and neck surgeon

(0) Head and neck surgical oncologist

## **A Head and Neck Surgical Oncologist**

**In addition, should have working knowledge of**

- **Radiation oncology**
- **Medical oncology**
- **Diagnostic radiology**
- **Endocrinology**
- **Nuclear medicine**
- **Rehabilitation medicine**



### Clinical Situation

T2 Supraglottic Cancer

T3 Glottic Cancer



### Developing World

*Partial Laryngectomy*

*Supracricoid  
Near Total Laryngectomy*

### Developed World

*Transoral CO2 laser  
Radiation*

*Chemo-radiation*



