

Case Report

Upper and Low Lip Reconstruction in A Single Time with Tongue Flap Case Report

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Abstract

A 35 year old female with a psychotic outbreak, during which she self-inflicts lesions on both lips, which are repaired by tongue flap in a single surgical time.

Introduction

The lips are the most important anatomical and functional part of the lower segment of the face, since they contribute to chewing, speech, facial expressions, etc., so the loss of these structures constitutes an imperative necessity of reconstruction due to the physical and emotional sequels that may have, and the impact on patient quality of life.

Case Report

A 35 year old female patient with no medical history, who presents with psychotic crisis and as a result with a self-inflicted injury with total amputation of the lips, partial amputation of the right breast and nails removal of both hands. Seen at first in primary care by general practitioner who performs amputated lip reinsertion and breast and hands healing; then subsequently refer to the General Hospital of Puebla where is assessed by psy-chiatrist who diagnose her with schizophrenia and initiate treatment and plastic surgery who decides surgical reconstruction. (Figure 1)

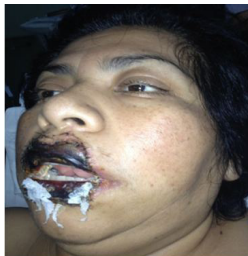


Figure 1: Patient preoperative in which lip graft necrosis is observed

Debridement of de-vitalized tissue (Figure 2) was performed, observing total loss of the upper and lower lip, and it was decided to perform reconstruction of the upper and lower lip in a single time with tongue flap.



Figure 2: Defect after devitalized tissue resection.

Lateral incisions were made on tongue borders to make two flaps, which were then rolled to the upper lip joining the midline, an incision was made at the base of the tongue in front of the frenulum to make the flap for the lower lip, a “Y” advancement flap was performed on the chin and nasogenian folds bilateral flap, which was rotated to the base of the nose and nasal wings for elongation of the upper lip. She remained hospitalized, being fed by gastrostomy tube and with psychiatric treatment (Figure 3). Three weeks later flap release was scheduled, with flap viability and acceptable aesthetic result.



Figure 3: Immediate post-operative result.

The patient was transferred to a psychiatric hospital. The patient could not be assessed in the long term and since she was discharged by relatives and did not return for further consultation. Tongue flaps were described for use in intraoral reconstruction of a soft palate defect [1], variants of flap design for temporary or definitive coverage of small defects (Conley 1966), correction of lip deformities (Guerrero-Santos) and reconstruction for treatment

of electrical burns (Ortiz-Monasterio) and for closure of palatal fistulas [2].

Conclusion

The tongue flap is a technique widely described by Dr. Guerrero Santos and allows total reconstruction of the upper or lower lip, for this specific case, with a very rare and maybe even unique wound type; it was decided to join these two reconstruction techniques in a single surgical time with a good result and decreasing recovery time.

References

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