

Title : Transposition and reimplantation of parotid duct for parotid duct fistula

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Body (150-200 words)

Abstract

Parotid duct fistula is uncommon, defined as a communication between the skin and parotid duct which allow discharge of saliva externally. Parotid duct fistula is frequently caused by traumatic damage, complications following surgery of tumour removal, large calculi ulceration and drainage of parotid abscesses. Various options have been described for the management of parotid duct fistula which includes primary anastomosis, suppression of parotid secretions and diversion of salivary flow however delayed management can create difficulties due to extensive granulation and fibrosis. This is a case of 63-year-old man who had a right cheek carbuncle that had been saucerized complicated with a parotid duct fistula. Upon examination, there was a persistent clear serous discharge, and a positive laboratory level of salivary amylase was identified. An exploration, diversion and reimplantation of the parotid duct intra-orally was performed and thus enabling the saliva to be drained intra-orally. Hence we described a successful technique of managing delayed parotid duct fistula in the setting of post-infection.

Reversal of chest feminization in male-to-female transgender patients: A case series

Background: Chest feminization is the most common gender-affirmation surgery among male-to-female transgender individuals. Compared to the cis-gender population, there is fewer literature describing breast augmentation techniques for transgender population. There is even less literature available on the reversal of chest feminization. The aim of this paper is to highlight the surgical techniques employed by the author in a series of male-to-female transgender patients.

Methods: A retrospective chart review of patients presenting to the author for reversal of chest feminization between January 2020 and August 2022 was performed. Patient demographics, operative details, complications, length of hospital stay, and early outcomes were evaluated.

Results: A total of 12 patients were identified. Ten (83%) had implant augmentation and two (17%) had direct silicone injection. In addition to removal of implants, seven had superomedial pedicle vertical scar mammoplasty and one had circumareolar mastopexy. For the silicone injection patients, one had superomedial pedicle vertical scar mammoplasty and one had inferior pedicle Wise-pattern mammoplasty. There were no post-operative complications reported.

Conclusion: Patients' expected outcomes and the existing physical conditions such as scars will influence the surgical techniques available to the surgeon. Superomedial pedicle vertical scar mammoplasty technique provides a satisfactory outcome for reversal of chest feminization.

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SARAWAK GENERAL HOSPITAL SEVERE BURN SEPTIC PROFILE FOR 2021-2022

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Abstract:

Sarawak General Hospital (SGH) is the only well established burn unit in Sarawak for public hospitals. Therefore all severe burns in Sarawak will eventually be admitted to SGH to be treated. Burns remained as one of the most common and catastrophic forms of trauma. In this study, we will review on the septic profile in severe burn patients of SGH in 2021-2022; the study applied a descriptive-retrospective method on 2 years medical records of severe burn injury patients. The data were classified according to age, etiology, outcome, antibiotic resistance, and pathogens of sepsis. There were 49 cases of severe burn injury, and 53% of them were accompanied by sepsis. The highest number of sepsis cases was found in the age category of 0-10 years old. Blood and burn wound culture of recovered patients showed 30.9% contamination with gram-positive bacteria, whereas 59.5% contaminated with gram-negative bacteria. Contamination of blood and burn wound culture of deceased patients with gram-negative bacteria was 100%, 71.4% of them with *Pseudomonas Aeruginosa*. There is more than 50% chance of severe burn patients falling into septic conditions. Most of the patients were infected with gram-negative bacteria. *Pseudomonas aeruginosa* remains the main culprit of septic burn-related death.

The Use of Tumescence Infiltration in Reducing Blood Loss in Major Burn Surgery: A Single Center Review

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ABSTRACT

INTRODUCTION:

Burn surgery often result in massive blood loss especially in major burn. Several techniques including subdermal tumescent infiltration have been implemented to reduce blood loss.

PURPOSE OF STUDY

To evaluate the effect of tumescent infiltration in reducing blood loss in major burn surgery.

METHODOLOGY

This center practises subdermal tumescent infiltration for all burn surgeries. The dilution is 2mg/kg chirocaine with 1 mg adrenaline in 500 mls of normal saline. All major burn patients from January 2021 till August 2022 were reviewed. Medical data such as patient's demographic, the number of surgeries performed per patient, intraoperative estimated blood loss, haemoglobin value pre and post operation and transfusion history were collected.

RESULTS

A total of 40 patients, including 37.5% paediatric and 62.5% adult patients had burn surgeries with mean 18% TBSA and 27% TBSA burn respectively. The total mortality is 12.5% (n=5). The mean intraoperative blood loss is 630 mls with average of two burn surgeries required. No massive transfusion or toxicity reported.

CONCLUSION

Tumescent infiltration is a good technique to reduce blood loss in major burn.

Modified Bilateral Medial Thigh Fasciocutaneous Flap for Perineoscrotal Reconstruction following Fournier's Gangrene

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Abstract

Fournier's gangrene is a life-threatening acute necrotizing fasciitis of the genitalia and perineum. Despite current advancement in clinical management, the mortality rate is still high. Debridement of necrotic tissues often results in variable extend of tissue loss which demand for perineoscrotal reconstruction. The aim for perineoscrotal reconstruction following defects is to obtain durable coverage, function, and aesthetic outcome. Depending on the severity and extend of the wound, options for wound closure and perineoscrotal reconstruction includes primary closure of scrotal skin, skin grafting and local flap. We present a case of perineoscrotal reconstruction using modified bilateral medial thigh fasciocutaneous flap following Fournier's gangrene debridement.

Keyword: Fournier's gangrene, scrotal wound, perineal wound, flap coverage, medial thigh flap

Five Flap Z-plasty for Surgical Correction of Webbed Neck Deformity in Turner Syndrome and Review of the Surgical Management

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Abstract

Webbed neck deformity is a congenital anomaly that exists in several syndromes. Various techniques to surgically correcting the webbed neck deformity has been described in the literatures, each comes with its own advantages and disadvantages. The aim of surgery is to achieve normal neck contour and symmetrical hairline, avoiding excessive scarring over anterior and lateral neck, and limit recurrence. In this report we described our experience in managing a case of Turner syndrome with bilateral webbed neck deformity using the modified five flap Z-plasty technique.

Keywords: Webbed neck deformity, surgical management, Z-plasty, Turner syndrome

Management of Unilateral Breast Aplasia in Poland's Syndrome and Review on Options for Breast Reconstruction

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Abstract

Poland's syndrome is a rare congenital disorder of unknown aetiology, characterized by unilateral absence of the pectoralis major muscle, ipsilateral hand deformity and other malformations of the anterior chest wall and breast. Breast involvement in Poland's syndrome vary from mild hypoplasia to amastia. Despite having no demonstrable functional loss, affected female patients usually seek for augmentation mammoplasty to improve self-confidence and cosmetic appearance. There are many techniques that can be used to reconstruct breast anomaly in Poland's syndrome. We describe a case of a lady with mild Poland Syndrome who underwent staged right breast reconstruction with serial autologous fat injection followed by silicon breast implant insertion.

Keywords: Poland syndrome, amastia, breast implant, autologous fat transfer, mammoplasty

Hall-Findlay Reduction Mammoplasty for Macromastia

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Abstract

Macromastia is a benign breast disorder that manifested as abnormal large breasts disproportionate to the body size. Although rare, women with symptomatic macromastia have impaired quality of life compared with those in the general population. Managing such patients requires comprehensive assessments and planning to achieve optimal outcomes. We present a case of macromastia who underwent reduction mammoplasty using the Hall-Findlay superomedial pedicle technique with good outcome.

Keyword: Macromastia, mammoplasty, Hall-Findlay breast reduction

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Surgical Outcome of Five Years Retrospective Furlow Palatoplasty Cases in Hospital Raja Perempuan Zainab 2 (HRPZ II)

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Background:

Submucous Cleft Palate is defined as an incomplete union of mesoderm, differentiating into muscle, across the soft palate, while the ectoderm does fuse, resulting in intact oral and nasal mucosa. It is considered to be the most subtle type of cleft palate. This could be overt or occult and may require surgical repair. Furlow Palatoplasty is our center's preferred technique in managing secondary velopharyngeal dysfunction on patients with cleft palate. This study is a retrospective review of surgical outcomes following Furlow palatoplasty in managing cases of submucous cleft palate.

Methods: Retrospective study reviewed five years documentation of all eleven patients underwent Furlow Z-plasty at a single center between 2017 and 2021 with post operative surgical outcome. Patients' outcome was studied and analyzed in number of fistula cases, wound infection or breakdown, speech quality and feeding improvement.

Results: The results recorded postoperatively one case with fistula complication, one case shows no change in speech quality; otherwise, no wound infection or breakdown case, all other cases show improvement in both speech and feeding.

Conclusions:

Furlow Palatoplasty shows good overall outcome and proven to be safe and effective technique of submucous cleft palate repair as seen in good overall outcome in our center.

A Single Centre Experience with Gracilis Flap for Perineal Reconstructions

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Introduction

Perineal defects secondary to abdominoperineal resection or pelvic exenteration require immediate reconstruction to reduce postoperative wound complications.

Background

A retrospective analysis of patients referred to a single center between September 2020 and September 2021 who underwent perineal reconstruction with gracilis flap in V-Y pattern and islanded were identified. Gracilis muscle flaps were used to obliterate the dead space after primary skin closure was ensured with adduction of the legs. Patients were evaluated for routine preoperative variables and outcomes data were analyzed, including time to healing and abdominal and perineal complications.

Results

Three patients (age 54±7), 2 were males, with a mean follow-up period of 2 years were included. No donor site complications were seen but two patients had recipient site minor complications including tip necrosis, seroma, or dehiscence. The mean hospital stay was 23 days.

Discussion

Myocutaneous gracilis flap is a versatile flap, allowing multiple variations with unique advantages adding to the armamentarium of reconstructive options for complex perineal defects.

Conclusion

Our experience demonstrates the safety, versatility, and efficacy of the gracilis muscle flap to reconstruct perineal defects. It allows better postoperative recovery and quality of life, so should be considered as first-line option for perineal defect surgery.

(194 words)

Epidemiological Study of Burn Cases Hospitalised in Hospital Miri

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Introduction: Burn is an injury to the skin due to heat, radiation, friction and chemicals. Severe burns includes partial/full thickness burn in adults >10% TBSA or children >5% TBSA, burn involving priority areas, chemical or electrical burns, circumferential burns, concomitant trauma or comorbid, burns with inhalational injury, non accidental burns and pregnancy require referral to tertiary burn centre. This study evaluates the incidence of burn cases hospitalised in Hospital Miri, which is Non-Burn Centre.

Materials and Method: Data was collected retrospectively from Hospital Miri between January 2020 until September 2022. Total of 146 patients were included. The data focuses on age groups, gender, percentage of burn cases admitted in Hospital Miri and cases transferred to burn centre.

Result: Most of the cases are adult (60%) and male (73%). There are increment of cases by 4% and 15% from year 2020 to year 2021, and 2022 respectively. 29% cases were being operated in Hospital Miri. About 13% cases are severe burns which require further management in Burn Centre Unit.

Conclusion: Burn injuries escalated each year, burn preventions and awareness need to be strengthen to avoid devastating complications and mortalities. In addition, adequate resources in district are necessary in managing burns patient.

3-D Printed Average Orbit Models as a Cast for Molding Plates in Orbital Wall Reconstruction

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Abstract

Orbital wall fracture is reconstructed through the insertion of premade plates with or without plate trimming procedure using handheld equipment. Most common postoperative complications of orbital wall reconstruction come from disproportional anatomical restoration of orbital wall owing to the insertion of crudely manipulated plates. To overcome the anatomical discrepancy, we used average three-dimensional (3-D) printed anatomical orbits as a cast for molding the plates to mimic the curvature of actual orbit to restore the initial volume and shape of the orbit. The standardized anatomical orbit model data were statistically calculated from 1mm whole body CT Scan DICOM files of 106 Korean subjects (male 53 subjects, female 53 subjects) with mean age 50.8 years old for each gender. The data were converted to build STL files, and poly-lactic-acid (PLA) white filament were used for the orbit model 3-D printing. From June 2018 to January 2020, total 8 South Korean patients undergone orbital wall reconstruction with a bioresorbable thermoplastic mesh plate composed of Poly-L-Lactide acid (PLLA) and hydroxyapatite microparticles (u-HA) [OSTEOTRANS-MX; Teijin Medical Technologies Co., Ltd, Japan]). The implant was molded onto the sterilized average 3-D printed anatomical orbits intraoperatively then shaped to fit-in the fracture sites. The normal curvatures of the orbital walls were readily reproduced without difficulty in all cases. Postoperative CT scan was taken on the day of operation as routine protocol, and there were no complications nor postoperative exophthalmos occurred on regular follow-ups. Using the 3-D printed orbit model based on the average radiological value as a template for modifying alloplastic implants can provide reliable postoperative outcome in the reconstruction of orbital wall fractures through the implant resembling the average orbit.

Title: Versatility of pedicled perforator flap in clinical practice

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Abstract:

The pedicled perforator flap have become an appealing option for us in various soft tissue reconstruction. The use of pedicled perforator flaps provides an alternative to free tissue transfer for soft tissue reconstruction. It is a valid reconstructive option for various wounds and can be raised from any part of the body. Hence making it a versatile flap in our practice. In the period of two years, despite weathering the Covid-19 pandemic, we performed 17 cases. The mean age of our patients was 43.5 years old (range, 18-78). Six (35.3%) flaps were used for traumatic wounds while 5 (29.4%) flaps were required for defect after tumour extirpation. The other wounds were: pressure injuries (3,17.6%), post burn contracture (1,5.9%), soft tissue infections (1, 5.9%) and hidradenitis suppurativa (1, 5,9%). 13 (76.4%) flaps were raised as propeller perforator flaps. The other flaps were VY advancement (4, 23.5%) and peninsular (5.9%). We encountered two (15.3%) propeller flap failure. Three (23.1%) propeller flaps had distal congestion which were managed conservatively and they survived. The pedicled perforator flap provided us flexibility in our reconstructive endeavour. With proper planning and execution, the pedicled perforator flap enabled us in reconstructing complex defects with minimal donor site morbidity.

(200 words)

Title:

The Free Osteocutaneous Fibula Flap – A workhorse flap for osseous defect reconstruction. A single-center 25 years' experience

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Abstract:

Free osteocutaneous fibula flap (FOFF) have proven to be extremely effective in managing bone defects brought on by tumors, infections, congenital anomalies or trauma. The objectives of this study were to investigate the complications and patient centered outcomes after FOFF reconstruction, with special focus on patient indication. A retrospective chart review focused on patient demographics, operative details and postoperative complications. Follow up reexaminations included serial radiographs, to assess callus formation and visibility of fracture lines. A total of 172 patients (included in study, n=124) with mean age: 32 ± 15 years underwent FOFF between January 1998 and September 2022. The mean length of fibula harvested was 21 ± 3.7 cm. The average flap ischaemic time was 152 ± 70 min. A total of 35 patients (28%) were explored, with 25 of them had successful outcome. Our centre had an 85% overall success rate, with a 93% success rate for upper extremity reconstruction. Flap compromise caused by a vascular problem accounted for majority of flap failure. FOFF is indeed a reliable and valuable option for extensive osseous defect. In addition to the surgeon's competence, a good outcome also hinges on the right patient selection and preoperative expectation management.

Keywords: tumor, trauma, fibula, outcome, reliable

The Versatility of Cervicofacial Flaps in Head and Neck Surgery

Nur Diyana MK, DYS Ding, SN Seow, Shariza B, Shawaltul Akmal HR

Introduction

Cervicofacial rotation flaps, particularly in high-risk patients who are unable to tolerate a long operative time, is a preferred option for coverage of large defects resulting from head and neck tumour surgeries. We present our experience in a single centre, namely Hospital Raja Perempuan Zainab II, in using cervicofacial flaps, exhibiting its versatility, technical reliability, while providing an excellent aesthetic outcome.

Case series

We present 4 patients who underwent oncological resection of tumours resulting in a variety of defects of the head and neck, with cervicofacial flaps coverage. Skin incisions, performed in a staged fashion, with continual reassessment of the arc of rotation and the ability of the flap to fill the defect until a tension-free closure can be accomplished, raised and transferred into the defect. All patients had an uneventful recovery, with good aesthetic outcome.

Conclusion

The cervicofacial flap is a versatile technique with excellent vascularity and good aesthetic outcome which should be considered in the reconstruction of various facial defects.

Title: Primary Cutaneous Apocrine Carcinoma of Scrotum with Pagetoid Phenomenon: A Case Report

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Abstract

Primary cutaneous apocrine carcinoma (PCAC) of the scrotum is an unwanted neoplasm that predominantly occurs in areas with high-density apocrine glands. However, the incidence of scrotal PCAC is uncommon. Further, the pagetoid phenomenon is a rare feature of PCAC involving malignant cells infiltrating the epidermis.

We present a rare case of scrotal PCAC in an elderly patient who presented with a slow-growing scrotal lesion. A physical examination identified an ulcerated globular mass at the right scrotum with ipsilateral inguinal lymphadenopathy, and a biopsy confirmed the diagnosis of apocrine carcinoma. Additionally, imaging studies revealed features of lymph nodes and bone metastasis. Subsequently, a wide local excision was performed.

The clinical features of PCAC are not distinctive; thus, histopathology and immunohistochemistry are paramount to confirm the diagnosis. The ideal treatment to achieve clear margins is tumor excision, while other treatment modalities such as chemotherapy, targeted antibody therapy, and radiotherapy are not established.