

CONCLUSION

In our recent experience, FRFF still remains first choice flap for many oral cavity and oropharyngeal reconstructions. IHF in high-risk cases represents a valid alternative with excellent functional results, furthermore we introduced a novel technical innovation for tongue base reconstruction using the IHF so that it has become our preferred method for this specific area and we are now using it as first choice rather than FRFF.

For unfavourable anatomic conditions such as vessel depleted neck and/or previous chemoradiation. TMF provides an excellent reconstruction option with good functional results for defects lying above an imaginary line passing through the angle of the mandible and the labial commissure.

PMF is still a safe method, providing adequate reconstruction in terms of wound healing. Nevertheless, where conservative transmandibular approaches are employed, its bulkiness produces less than ideal functional outcomes. Therefore, in unfavourable patients presenting also contraindications for IHF and for TMF, a reconsideration of various microvascular options should be made before proposing PMF reconstruction. In this light PMF reconstruction could be reserved for cases of free flap failure.