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Gastric pull-up versus pectoralis major myocutaneous flap techniques in hypopharyngeal cancer: comparison of complications

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Abstract:

Background: Hypopharyngeal cancer usually presents with cervical mass, hoarseness, radiated otalgia, and dysphagea in the advanced stages. Radical surgery followed by radiotherapy plays an important role in the treatment of patients with hypopharyngeal cancer. However, there is no general consensus as to which is the best method of reconstruction after surgical resection. The aim of this study was to evaluate the complications of pectoralis major myocutaneous flap (PMMF) and gastric pull-up (GPU) techniques to reconstruct a circumferential defect after laryngopharyngoeso- phagectomy.

Methods: We retrospectively reviewed the records of 64 patients who underwent radical surgery and reconstruction with either PMMF or GPU technique. Demographic characteristics, tumor location, proximal margin involvement, history of radiotherapy, presence of lymphadenopathy, cervical dissection, and postoperative complications such as fistula, anastomotic site stenosis, swallowing dysfunction, and stoma stenosis were compared between the two groups. Postoperative complications of the reconstruction methods were compared.

Results: A total of 64 patients, 43(67%) in GPU group and 21(33%) in PMMF group, were studied. The groups did not differ in demographic characteristics. The locations of the tumoral lesions were in larynx (n=7), proximal esophagus (n=5), posterior cricoid (n=5), pyriformis sinus (n=7), posterior wall (n=7), and miscellaneous (n=41). Six patients (6.3%) had proximal margin involvement, 19 patients (29.9%) had history of radiotherapy, 26 cases (40.6%) had lymphadenopathy, and 49 cases (76.5%) had cervical dissection. There was no significant difference between the two groups regarding stenosis or swallowing dysfunction rates, but fistula was seen lower following GPU compared with PMMF ($p<0.001$).

Conclusions: The GPU technique results in similar functional stenosis or swallowing dysfunction rates, but lower fistula compared with PMMF reconstruction.

Keywords: Hypopharyngeal cancer, laryng-opharyngo-esophagectomy, reconstruction, complications.

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