Abstract

Reconstruction of the defect created by laryngopharyngectomy remains one of the greatest challenges to the head and Neck surgeon. In our study, both pectoralis major musculocutaneous flap (PMMF) and deltopectoral flap (DPF) were used to reconstruct the resulting pharyngeal defect after total laryngopharyngectomy in 10 patients with advanced malignancy of the larynx, selected from the national cancer institute (NCI) during the period from October 1999 to April 2001, out of them, 7 patients underwent pharyngeal reconstruction at the same sitting (Primary repair) by the use of PMMF. While 3 patients were reconstructed by DPF as a sort of secondary repair. After 7 months, PMMF was used for pharyngeal repair. The use of PMMF and DPF as primary and secondary repair was analyzed and discussed as regard indications and follow up. penalty. The use of a novel ORSs should not, however, be extended to other species without further research,
**Introduction**

Defects in the head and neck resulting from extirpation of malignant tumors frequently lead to disabling functional and cosmetic deformities. In the past, extensive surgical resections were restricted by the patient's inability to tolerate the morbidity of the resultant deformity. With the advent of tissue transposition technique, restoration of the form and function became possible (Susan A 1993). In 1965 Bakamjian was one of the first to use a tubed deltopectoral flap to reconstruct the hypopharynx and cervical esophagus in two-stage repair. This technique expanded and improved on the use of other chest flaps, which had been tried with various degrees of success. In 1979 Anyan was one who used the compound pectoral flap to reconstruct the head and neck defects. In 1980 Richard had used the pectoralis Major Musculocutaneous flap (PMMF) for tubed one-stage reconstruction of the hypopharynx and cervical esophagus. Meyer et al. (1983) stated that: PMMF have increased the reliability of one stage closure of large oropharyngeal defects. They have the advantage of transferring well vascularised skin and muscle, which reinforce the suture line. Secondary repair was done by using DPF to cover the skin defect. After 7 months closure of the pharynx was done by using PMMF. Schuller DE; et al (1999) had used with success the PMMF for primary one stage reconstruction of laryngo-pharyngeal defects following resection of advanced-stage lesions. In our work PMMF were successfully used in 10 patients for closure of the pharyngeal defect either primary (7 patients) or secondary (3 patients).

**Patients And Method**

Between October 1999 and April 2001, 10 patients were selected from the National Cancer Institute (NCI) and were diagnosed as having advanced laryngeal carcinomas. Their ages ranged from 45-65 years old, 6 patients were male and 4 females. The histopathological diagnosis was squamous cell carcinoma of various degree of differentiation. Pharyngeal reconstruction was done primary in 7 patients using PMMF fig. (1, 2, 3, 4, 5, 6, 7). While in 3 patients, DPF were used, because