

## Cervical versus superficial temporal recipient vessels in midface and scalp free tissue flap for advanced oncologic reconstruction: Prospective and randomized study

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**Objectives:** To demonstrate our surgical experience in midface and scalp advanced oncologic reconstruction using free tissue flap and to compare the postoperative outcomes based on superficial temporal versus cervical recipient vessels.

**Methods:** We performed a prospective and randomized study of patients who underwent midface and scalp oncologic reconstruction with free tissue flap from April 2018 to April 2022 in an oncologic referenced center. Two groups were analyzed: those in whom superficial temporal vessels were used as the recipient vessels and those in whom cervical vessels were used as the recipient vessels. Patient gender and age, cause and classification of the defect, flap choice for reconstruction, recipient vessels, postoperative course, and complications also were recorded and analyzed. A Fisher's exact test was used to compare outcomes between the 2 groups.

**Results:** On the basis of the different recipient vessels, 27 patients were randomized into 2 groups: those with superficial temporal recipient vessels ( $n = 12$ ) and those with cervical recipient vessels ( $n = 15$ ). There were 18 male and 09 female patients with an average age of  $53.92 \pm 17.49$  years. The overall flap survival rate was 88.89%. The overall complication rate for vascular anastomosis was 14.81%. The total flap loss rate in patients with superficial temporal recipient vessels was higher than the complication rate in those with cervical recipient vessels but with no statistical significance (16.67% vs 6.66%,  $p = 0.56$ ).

**Discussion:** Few articles have specifically compared the postoperative results based on recipient vessels in midface and scalp reconstruction. In this prospective and randomized study a group of 27 patients who underwent midface and scalp reconstruction were divided into 2 groups according to the recipient vessels used. In terms of complications, no statistically significant differences were found between the groups. In our series, the overall flap survival rate was 88.89%. These data are similar to the world series that report rates above 90% of success in free flaps.

**Conclusion:** In the group with superficial temporal recipient vessels, the postoperative rate of microanastomosis complication was similar than the cervical recipient vessel group. Therefore the use of superficial temporal recipient vessels for midface and scalp oncologic reconstruction could be a reliable option. **Keywords:** Free tissue flaps; Head neck

cancer; Microanastomosis; Superficial temporal vessels; Cervical vessels.

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## Follow up study of patients with sudden deafness in tertiary hospital

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**Objectives:** To evaluate the auditory improvement and quality of life in the labor and social sphere scans in patients diagnosed with sudden deafness from 2014 to 2021 treated in the Otorhinolaryngology Emergency Room of a tertiary hospital in the Federal District.

**Methods:** 50 patients were scheduled for a follow-up after the diagnosis of sudden sensorineural hearing loss with application of the reassessment protocol, anxiety scale and Beck depression. If tinnitus complains, the Tinnitus Handicap Inventory was applied. Also, they performed the otoacoustic emissions, audiometry and impedance methanime tests. This study was approved by the Ethics and Research Committee with protocol 46677821.3.0000.8153.

**Results:** Fifty patients diagnosed with sudden deafness from 2014 to 2021 in the Emergency Room of a tertiary hospital in the Federal District participated in the study. 46% of the patients underwent treatment with oral corticosteroid therapy with auditory improvement in 60.8% by the criterion of Furuhashi and Modified Siegel. In 5 cases of the studied participants, due to comorbidities that contraindicate the use of oral therapy, intratympanic corticosteroid therapy was indicated and a 60% rate of hearing improvement was observed. In 40% of the participants, the association between oral and intratympanic rescue corticosteroids was performed with good results in 35% of the cases. Of the remaining participants, 1 did not undergo treatment and 1 underwent surgery. 52% had a minimum score in the Beck Depression questionnaire and 44% had a minimum score in the Beck Anxiety questionnaire. In the THI questionnaire, 20% was severe and 26% catastrophic.

**Discussion:** Few studies address the impact that sudden sensorineural hearing loss has on the patient's quality of life. It is compromised by the impact of vertigo, tinnitus and difficulty in sense of direction and understanding due to unilateral hearing loss. In this study, we observed a high score of depression and anxiety in patients who remained with hypoacusis after treatment. With the application of THI, this study evidenced the significant social, labor and personal impact in patients who persisted with tinnitus.

**Conclusion:** It is necessary to carry out a multidisciplinary approach of these cases due to the social and psychological impact of this diagnosis. It is important a long-term follow-up for audiological follow-up, auditory and social rehabilitation in view of the great impact of this disease on the well-being and comfort of these patients.