CLINICAL CASE

Intraoral paratrichosis after autograft

Juan José Segura-Sampedro a,e,* , Consuelo Sampedro-Abascal b, Loreto Parra-López c, Juan Carlos Muñoz-Rodríguez d

a Unidad de Gestión Clínica de Cirugía General y del Aparato Digestivo, Hospital Virgen del Rocío, Sevilla, Spain
b Centro de Salud Mercedes Navarro, Unidad Docente de Medicina Familiar y Comunitaria, Sevilla, Spain
c Unidad de Gestión Clínica de Urología, Hospital Universitario Virgen del Rocío, Sevilla, Spain
d Centro de Salud Alcalde Manuel Bustos, Mairena de Alcor, Sevilla, Spain
e Unidad de Cirugía General y del Aparato Digestivo, Hospital Universitario San Espíritu, Palma de Mallorca, Spain

Received 14 May 2014; accepted 10 July 2014

KEYWORDS
Graft;
Flap;
Hair;
Hypertrichosis;
Paratrichosis;
Intraoral;
Tongue;
Reconstruction

Abstract
Background: Radial graft is one of the optimal treatments for reconstruction after tongue cancer, but it is not free of side effects. Hypertrichosis over the graft, causing an intraoral paratrichosis, might downgrade the quality of life and even require further interventions.
Clinical case: The case is presented of a 58 year-old man, who developed hypertrichosis after surgery for tongue carcinoma.
Discussion: The therapeutic options, from choosing a graft from less hairy areas to laser depilation or de-epithelisation of the graft are discussed.
Conclusions: Intraoral paratrichosis is a serious complication that can produce dysphagia, nausea, and vomiting, and can evolve into mal nutrition and produce an important decrease in life quality of patients.

© 2015 Academia Mexicana de Cirugía A.C. Published by Masson Doyma México S.A. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).

* Please cite this article as: Segura-Sampedro JJ, Sampedro-Abascal C, Parra-López L, Muñoz-Rodríguez JC. Paratrichosis en cavidad oral tras autoinjerto. CIR 2015. http://dx.doi.org/10.1016/j.circir.2015.05.017
* Corresponding author at: Hospital Universitario Virgen del Rocío, Avda. Manuel Siurot s/n, 41012 Sevilla, Spain. Tel.: +34 6370 28024.
E-mail address: segusamjj@gmail.com (J.J. Segura-Sampedro).

2444-0507/© 2015 Academia Mexicana de Cirugía A.C. Published by Masson Doyma México S.A. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).
Background

Reconstructive surgery after intraoral neoplasias is a true challenge for a surgeon. Radial graft is one of the optimal treatments, but it is not free of side effects. In the case we present here, a hypertrichosis over the graft, causing an intraoral paratricosis, might downgrade the quality of life and even require further interventions.

Clinical case

The patient is a 58-year-old man with a personal history of alcoholism and smoker of 40 cigars daily for around 35 years. He came for a consultation because of a 3-day evolution odynophagy and dysphonia. During exploration, he presented hyperaemic oropharynx with right submaxil lar adenopathy of around 3 cm diameter, unpainful, hard and indiscernible. Due to clinical persistence, despite the treatment, he was referred to the service of Otolaryngology, which undertook a biopsy of the adenopathy, the result showing epidermoid tongue carcinoma T3N1Mx.

After this diagnosis, surgical treatment was performed with extirpation, functional cervical dissection and reconstruction with microvascularized radial flap, with no radiotherapy.

The patient was on a diet prescribed by a nutritionist, gave up his toxic habits and followed symptomatic treatment of mucositis.

A good functional recovery was achieved in speech and swallowing; tongue sensitivity was recovered at 6 months. As a consequence, paratricosis was left on the flap, which affected the quality of life of the patient (Fig. 1). To palliate this problem, he was shaved, since he showed dysphagia to solid and liquid intake.

The persistence of previous clinical data led to laser treatment. Good results were obtained and the patient manifests minimal discomfort and can perform the different oro-buccal functions without inconvenience.

Discussion

During surgery of the oral cavity carcinoma, tongue reconstruction is the key factor for functional recovery. In the oral cavity, it is particularly important that the reconstruction method keeps the 3 main functions: speech, mastication and deglutition. One of the most used reconstructive techniques is the radial free flap.¹

Intraoral paratricosis is described as a relatively common complication after these techniques, even though the numbers are very small; Chaine et al.² described only one case among 25.

This complication does not only cause discomfort and decrease the patient’s quality of life, but also sometimes

Paratricosis en cavidad oral tras autoinjerto

Resumen

Antecedentes: El injerto radial es uno de los tratamientos de elección para la reconstrucción tras el cáncer de lengua, pero no está libre de problemas posteriores. La hipertricosis sobre el injerto provocó una paratricosis intraoral que puede disminuir la calidad de vida del sujeto, y hacer que requiera nuevas reintervenciones.

Caso clínico: Presentamos el caso de un varón de 58 años que tras cirugía por carcinoma de la base de la lengua presenta paratricosis sobre el injerto radial.

Discusión: Se discuten las distintas opciones terapéuticas que abarcan desde la elección de col gajos procedentes de regiones anatómicas con menor densidad capilar, hasta el uso de técnicas de depilación láser o la desepitelización del colgajo.

Conclusiones: La paratricosis intraoral es una complicación importante que puede condicionar disfagia, náuseas y vómitos, con la subsecuente desnutrición que disminuye considerablemente la calidad de vida del paciente.

© 2015 Academia Mexicana de Cirugía A.C. Publicado por Masson Doyma México S.A. Este es un artículo Open Access bajo la licencia CC BY-NC-ND (http://creativecommons.org/licenses/by-nc-nd/4.0/).

Figure 1 Intraoral paratricosis over radial graft.
Intraoral paratrichosis after autograft causes nausea and vomiting, directly affecting the nutritional state. The natural evolution of this complication is the decrease of capillary growth over time; however, when this does not occur, laser depilation is the correct thing to do. The use of different sources of energy was described in the literature. A last resort is the option to perform a de-epithelisation of the flap to avoid this complication. The group Sieg et al. recommend the use of flap of the forearm’s ulnar region, since this is usually a less hairy area.

Conclusion

Intraoral paratrichosis is a relatively common complication that should not be neglected in reconstructive buccal surgery. It is not only an aesthetic problem but also causes great discomfort, deterioration of the quality of life, and can influence deglutition and malnutrition problems. The treatment of this ailment includes the use of grafts with lower capillary density, such as the forearm’s ulnar region, up to laser treatment or even reintervention to de-epithelialise the flap.

Conflict of interest

The authors declare that there are no conflicts of interest.

References