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Title: Maxillectomy for Management of Malignant Disease: A report of surgical and reconstruction outcomes for 28 Patients over a 2-Year period.

Body: Background

Maxillectomy is the gold standard for management of resectable disease involving the maxilla and mid-face. However, it presents unique challenges both for tumour ablation and reconstruction. Reconstruction of the midface is challenging given the anatomical complexity of the region and the need to restore function and aesthetics while ensuring en bloc resection, with the aim of achieving clear margins. Options include local tissue flaps, prosthetic obturation, the use of osseointegrated implants, as well as soft tissue and composite free tissue transfer. Herein, we describe 28 consecutive Maxillectomy cases performed for the management of malignant disease during a 2-year period.

Methods

This is a retrospective review of all maxillectomies performed for the management of malignant disease in the Maxillofacial Surgery Department at St James Hospital during a 2-year period. Variables recorded include: age, sex, pathology, tumour resection margins, Brown class of maxillectomy defect, method of reconstruction, surgical complications and length of follow-up. Patients with benign disease were excluded.

Results

Twenty-eight patients (16 males, 12 females) met the inclusion criteria. A further 5 maxillectomies were performed for benign disease, and so not included in this study. The mean age at presentation was 56-years (range, 7 to 81 years). Twenty patients had a squamous cell carcinoma (of which 70% were a pT4); 4 had a salivary gland tumour; and 1 each of malignant me

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