## Abbe-Estlander 피판을 이용한 하순 결손의 치험례

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## **Abstract**

## RECONSTRUCTION OF LOWER LIP DEFECT USING THE ABBE-ESTLANDER FLAP : A CASE REPORT

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The reconstruction of perioral defects following resection of cancer on the perioral region has been a challenge for oral and maxillofacial surgeons. Surgical management of oral squamous cell carcinoma (SCC) typically involves resection of the carcinoma with a 1cm margin of normal appearing tissue. A large surgical defect is often encountered. The goals of perioral reconstruction are esthetics and function, with oral competence and good lip control.

Abbe described the operation that bears his name in 1898, when he reported on the repair of a "conspicuous deformity" in a 21-year-old man born with bilateral cleft lip and palate. Since that time, Abbe flap reconstruction has been used more frequently for repair following resection of malignancies. Large defects of the lips have been repaired with recent modifications of the Abbe flap. The technique has been popularized by Estlander for reconstruction of the lower lip.

We have treated 70-year-old male patient with SCC on lower lip using Abbe-Estlander flap. Postoperatively the results showed good prognosis. So we report the result of its treatment and case with review of literatures.

Key words: Abbe-Estlander flap, Squamous cell carcinoma

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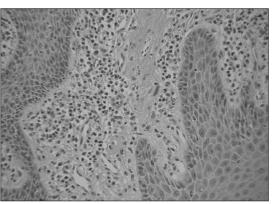
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(2005)

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Fig. 1. Intraoral view at initial examination.



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2.5cm

**Fig. 2.** Histopathologic findings (H-E stain) show invasive and irregular rete peg. Neclear hyperchromathism, cellular pleomorphism and large numbers of mitotic figures are shown. (×200)



Fig. 3. Design.



**Fig. 4.** The Abbe-Estlander flap is rotated to fill the surgical defect.

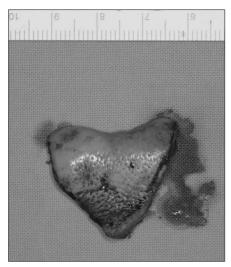
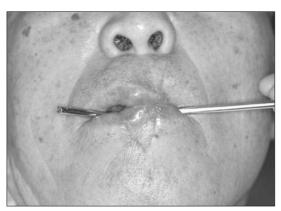


Fig. 5. The surgical specimen.



Fig. 6. Closure of the skin incision.



**Fig. 7.** The bridge pedicle providing blood supply form the upper lip.

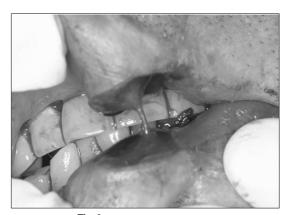


Fig. 8. Superoir labial artery.



Fig. 9. Post-operative view.

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원고 접수일 2007년 3월 16일 게재 확정일 2007년 7월 6일

## Reprint Requests

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Paper received 16 March 2007 Paper accepted 6 July 2007