# PRESERVING THE ORGAN

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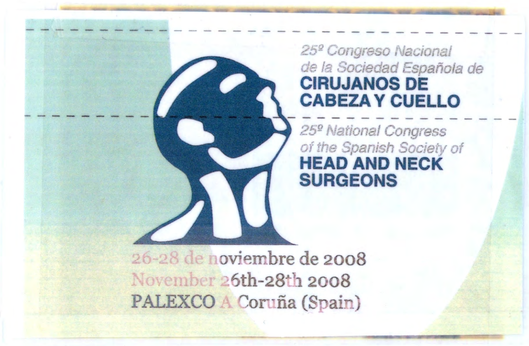
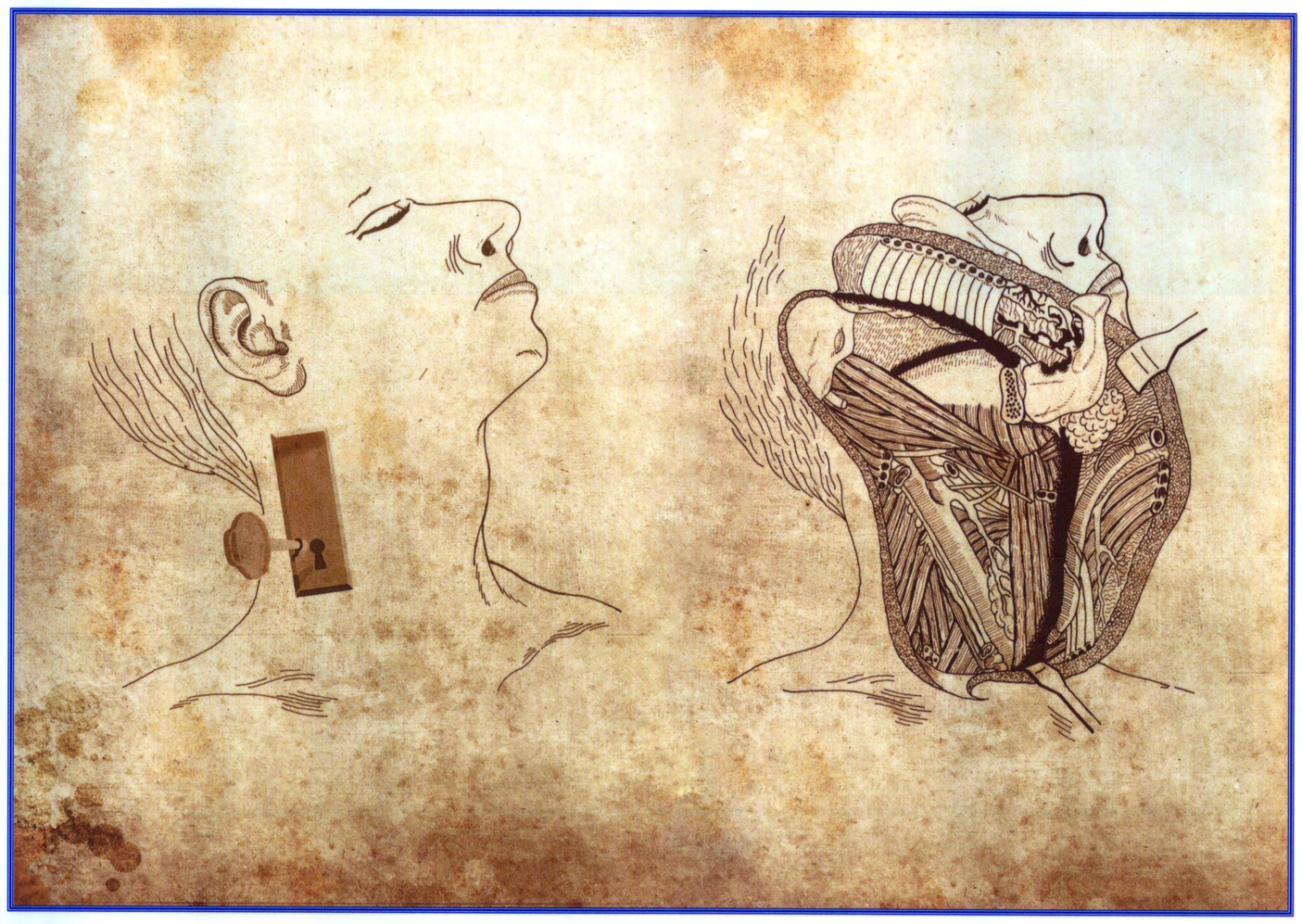


## Introduction:

In oncology sciences the oral and maxillofacial territory, and even the otolaryngology area too, are involved into a new phenomenum, as all kinds of surgery, that we consider very interesting, and is referred to the costant search of minimun invasive techniques or even the absence of surgical treatment. This is forced fundamentally, without doubts, by the impact not only medical but social of chemotherapy and radiotherapy treatments with a less aggressive appearance, in a world where the look and the image are at the top of everything.

It can happen and it seems to me, that surgeons are adopting an easier and expecting attitude as a result of the pressure of the new therapies, and they are only present and participate in the so known ***rescue surgery*** when there are few chances for the patient and all that it entails.

The terms as the one at the top of this paper, or the ones as *total remission*, *new branch and therapeutics trials*, *life quality*, *palliative care*, etc, are with no doubts very attractive and nabbing us, not without risks.

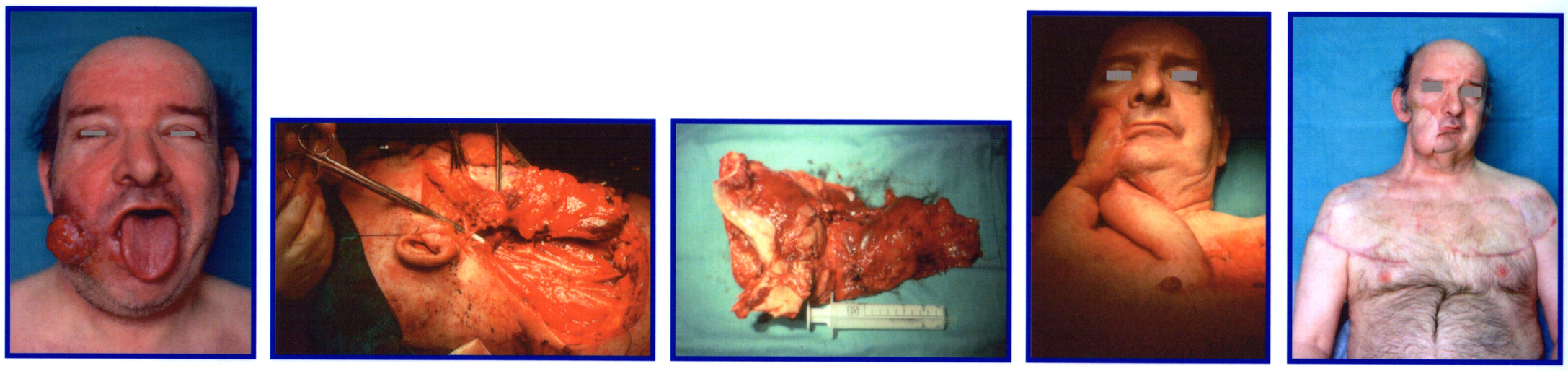
Having say this as an introduction, we want to bring as remembering a case report that we consider very representative of how we boarded the surgery of our territory thirty years ago and, at the same time, how we have applied new surgical approaches with the classical ones of reconstruction, with results that we must not forget and could turn the head of younger specialists to what happenned some time ago.

## Material and methods:

A 45 years old patient is visited, with a knowing medical record of smoking, alcoholism, alcoholic cirrhosis, syphilis and tuberculosis. He presents an evident infiltrating tumour, intra and extraoral, that corresponds to a low differentiated epidermoid carcinoma and unilateral cervical nodes (T4N3M0).

We agreed the priority of surgical oncologic treatment, through a radical surgery with our technique of ablative pediculation for the exeresis of the tumour and nodes in block, that in this case include the jugal and hemimandibular region with a right radical neck dissection and immediate reconstruction with two deltopectoic flaps, and without tracheotomy.

He received the appropriate and specific treatment in the pre- and postoperative periods. Nor local or regional recurrence were observed in the period of five years follow up .



**IMAGES: PREOPERATIVE – INTRAOPERATORY – BIOPSY SPECIMEN – SURGICAL POSTOPERATIVE TIME**

## Conclusions:

We emphatically believe and we defend the use of classical but updated knowledge of the oncologic surgery, that allow us - with the continuing improvements in the reconstruction – to keep accepting the **ra*dical surgery***, with whatever the names we want to give to it if we don't want to look aggressive. We can't forget that surgeons talk about ***total remission disease*** from the fifth year of the surgery and **keeps forever.** In our case, the posterior controls and medical records considering second tumours ratify the evolution of our patients and the pertinence of our treatments. We believe that surgeons have to recover the overall time medical and surgical personality that sometimes is questioned, specially from the moment the prefix *mini* has been used, with no oncologic meaning, in our opinion.