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Title: Demucosalized Split Jejunum for Tracheostoma and Soft Tissue Reconstruction After Central Neck Exenteration

Purpose: Central neck exenteration with an anterior soft tissue defect and short tracheal remnant after resection of tracheostomal recurrence is a reconstructive challenge. A free jejunum transfer is the preferred option for pharyngeal reconstruction. However, an additional flap, usually a deltopectoral or pectoral flap is needed for peristomal reconstruction. This report evaluates the use of a demucosalized jejunal segment for peristomal reconstruction. **Methods:** In this case of a 72 year-old female undergoing neck exenteration for recurrent carcinoma at her tracheostomy a free jejunum transfer was performed. The transferred jejunum was divided into two segments sharing a common pedicle; an alimentary segment for hypopharyngeal reconstruction, and a peristomal segment, which was split open, demucosalized, inset into the soft tissue defect, and skin-grafted. **Results:** The reconstruction was stable, well contoured, with a wide-open airway, and 100% skin graft take. The skin-grafted demucosalized jejunum offered excellent characteristics for reconstruction of the anterior neck and tracheostoma: it provided thin, pliable tissue with stable lining, contoured well to the neck, and allowed for postoperative monitoring of flap perfusion. **Conclusion:** Compared to traditionally used flaps, demucosalized jejunum offers superior characteristics and avoids a second flap with its attendant morbidity.