

CASE IMAGE

Clinical image: Cervicofacial rotation skin flap in PLWD patients

C. Politis¹  | V. Lenaerts² | L. Evrard³ | F. Shall¹  | D. Gorlé²

¹Department of Stomatology and Maxillofacial Surgery, Erasme Hospital, Université libre de Bruxelles, Brussels, Belgium

²Department of Stomatology and Maxillofacial Surgery, Vitaz Hospital, Sint-Niklaas, Belgium

³Department of Stomatology and Maxillofacial Surgery and Dentistry, Erasme Hospital, Université libre de Bruxelles, Brussels, Belgium

Correspondence

C. Politis, Department of Stomatology and Maxillofacial Surgery, Erasme Hospital, Université libre de Bruxelles, Hopital Erasme, Lenniksebaan 808, 1070 Brussels, Belgium.
Email: christophe.politis@gmail.com

Key Clinical Message

This article outlines a surgical protocol designed for people living with dementia (PLWD). It proposes that simultaneous resection and reconstruction of skin cancer can minimize the need for initial care. The method outlined involves primary closure via a cervicofacial rotation flap technique and the use of monofilament resorbable sutures.

KEYWORDS

cervicofacial skin flap, dementia, facial mass, skin oncology

An 85-year-old female patient with severe dementia was referred to our center for Maxillo-facial surgery in Sint-Niklaas (Vitaz) by her general practitioner (GP) with a facial mass on the left side. She refused to be referred by the GP several times because of her severe dementia. Research has shown that people living with dementia (PLWD) are vulnerable to health disparities, so dementia has the high potential to complicate and adversely affect care outcomes across the cancer trajectory.¹

This patient's husband brought her to our service because the mass was causing daily difficulties (bleeding and pain during wound care). The mass was excised and reconstructed in one surgery. Clinically, the mass presented as an SCC. Indeed, 77% of skin cancer cases are basocellular carcinoma (BCC), while 20% are SCC. Other tumors, like melanomas and Merkel cell tumors of the face, are rare.² Radiological imagery of the neck was obtained to determine

if the lymph nodes were suspected of loco-regional metastasis. The imagery (ultrasound) was negative; hence, a neck dissection was not obtained. The risk of metastasis depends on several factors, such as facial location, tumor size, differentiation level, and immunosuppression. The goal of the resection and reconstruction was primary reconstructive closure to avoid intensive aftercare, long operation time, and hospitalization time (Figure 1).

The tumor was sent for an anatomopathological examination that found no positive margins. Postoperative staging was determined as pT3 G1 R0 cN0Mx. As clinically suspected, the tumor was a well-differentiated (G1) SCC.

Cervicofacial rotation skin flaps in PLWD patient should be conducted under general anesthesia due to the patients' inability to cooperate and the extensive nature of the surgery. The patient is carefully positioned in hyperextension to optimize surgical access to the face and neck.

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FIGURE 1 (A–D) Lesion was reconstructed and closed using a cervicofacial skin flap to minimize aftercare.

It should be emphasized that in the context of geriatric skin oncology, a preference exists for performing surgeries under local anesthesia whenever feasible to reduce postoperative adverse effects.

The lesion was reconstructed and closed first using a cervicofacial skin flap to minimize aftercare and to obtain good aesthetic outcome. The patient was hospitalized for 48 h. Normally, we suture the skin with non-resorbable monofilament Ethilon® 5-0. However, in this case, we chose a resorbable monofilament 5-0 (Monocryl 5-0 Ethicon®) so that we did not have to remove the sutures as the patient was uncooperative due to her severe dementia. We saw the patient 1 week, 2 weeks, and 3 months post-surgery. Postoperative complications were absent and wound healing was excellent. The wounds were treated with Omnistrrips® (12 mm × 101 mm) and required no additional postoperative wound care.

The informed consent for the operation was provided by her husband, who acted as her legal guardian.

We emphasize this surgical protocol for PLWD because simultaneous resection and reconstruction minimizes the initial care using primary closure via a cervicofacial rotation flap and using monofilament resorbable sutures. Final postoperative care involves seeing the patient every 3 months for the first year with close monitoring by ultrasound for loco-regional metastasis. After 1 year, the patient is seen every 6 months.

AUTHOR CONTRIBUTIONS

C. Politis: Conceptualization; writing – original draft. **V. Lenaerts:** Project administration; writing – review and editing. **L. Evrard:** Project administration; writing – review and editing. **F. Shall:** Conceptualization; writing – review and editing. **D. Gorlé:** Conceptualization; methodology; writing – original draft; writing – review and editing.

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CONFLICT OF INTEREST STATEMENT

The authors declare that the research was conducted without any conflict of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

CONSENT

Written informed consent was obtained from the patient to publish this report in accordance with the journal's patient consent policy.

ORCID

C. Politis  <https://orcid.org/0000-0002-1076-1327>

F. Shall  <https://orcid.org/0000-0003-3061-2625>

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