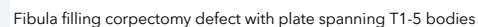




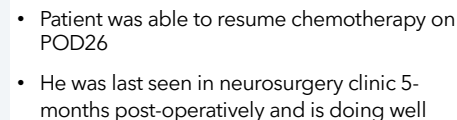
<sup>1</sup>Department of Otolaryngology-HNS, <sup>2</sup> Department of Neurosurgery, <sup>3</sup> School of Medicine, <sup>4</sup>Department of Surgery, Oregon Health and Science University.

## CASE OUTCOME

- Patient tolerated the procedure well and went to the neuro ICU for monitoring
- Followed flap monitoring protocol without incident



- Interval imaging on POD1, at 3 mos & 5 mos

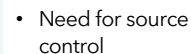


## CASE

Case report of a patient treated at a tertiary care center.

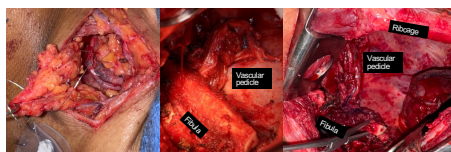
- 48-year-old with PMHx of B-cell acute lymphoblastic leukemia, undergoing chemotherapy, presented with multi-drug resistant mucormycosis of the right upper lobe and thoracic spine.

- Failed medical management



- Planned for a three-stage approach for T2-4 mucor osteonecrosis

- **Neurosurgery**
  - T2-4 Corpectomies
  - Inset of fibula flap
- **Otolaryngology – Head & Neck Surgery**
  - Fibula free flap harvesting
  - Exposure of transcervical artery & vein
  - Microvascular reconstruction



(a) microvascular anastomoses in the neck (b) prior to inset of flap (c) display of adequate vascular pedicle length

## CONCLUSION

Vascularized fibula free flaps with cervical vessel anastomosis are a robust reconstructive option for infections of the thoracic spine and require a multidisciplinary approach for safe and effective placement of the graft.

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