

Table 1

| | Liverpool | St John's |
|-------------------------|-----------|-----------|
| Flap Survival | 15/15 | 15/15 |
| Dilatations required | 5 | 4 |
| Normal diet | 6 | 8 |
| Soft diet | 7 | 4 |
| PEG dependant | 2 | 3 |
| Tracheoesophageal voice | 5 | 11 |
| Chronic fistula | 1 | 1 |

Eleven patients obtained tracheoesophageal voice, whilst 2 achieved voice using an electrolarynx. Two did not achieve any voice.

Outcomes were compared against against a similar study¹ performed in Liverpool, [Table 1](#).

Conclusions: Tracheoesophageal voice was obtained by 73%. (vs 33% Liverpool)

Normal diet was obtained by 75% (vs 40%)

Clinical relevance: Use of a tubed free flap provides relatively good functional outcomes for patients who require a pharyngolaryngectomy.

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Squamous Cell Carcinoma Of The Pinna: Can Histological Features Predict Risk Of Metastases?

Aakshay Gulati*, E. Mayo, S. Sharma, A. Lee, J. Horne, Y. Huen

University Hospitals Southampton NHS Foundation Trust

Introduction/Aims: Squamous cell carcinoma (SCC) of pinna origin is considered to have a high risk of metastases of up to 16% compared to under 5% for SCCs of any origin. Previous work has suggested that histological features of the primary tumour may be used to provide evidence for further surveillance or therapeutic management.

Aim: To identify any association between histological features and risk of metastasis.

Methods/Materials: Having obtained ethical approval, an electronic search was performed in the University Hospital Southampton NHS Foundation Trust Histopathology records for all auricular SCC patients from the last 5 years. Inclusion criteria included pinna origin, completed 2 year follow up and absence of immunosuppressive history. The specimens were analysed with regard to several histopathological features which were thought to be relevant to metastasis. Statistically significant associations between histological features and risk of metastases were described using standard analytical methods.

Results/Statistics: 192 patients were included. 4 (2.08%) patients developed metastases, each with lymph node involvement. Perineural invasion was the only histological feature to be significantly associated with increased risk of metastases ($p < 0.001$).

Conclusions/Clinical Relevance: The overall metastatic rate in our group of patients was found to be much lower than in other studies. Factors other than histological features alone may explain the nature of the results. Our work suggests that although some histological features were statistically associated, they do not predict a high enough risk of metastatic disease to provide evidence for further surveillance or elective lymphadenopathy.

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Box genioplasty in the management of mandibular centreline chin deformity

Rosemary Sykes*, Andrew John Sidebottom, Sunil Sah

Nottingham University Hospitals

Introduction: Box genioplasty allows anterior and posterior movements of the genial prominence as well as lateral movements without leaving a step in the lower border of the mandible. It is an alternative technique to conventional sliding genioplasty, which can produce paraesthesia and a notch at the mandibular lower border. It is used in combination with other aesthetic procedures including orthognathic surgery and is particularly useful in centreline correction and setback procedures.

Aims: To describe the box genioplasty technique and to provide evidence of the efficacy of box genioplasty compared to conventional genioplasty.

Materials/methods: We present a cohort of patients treated with box genioplasty for facial asymmetry. The procedure allowed measured correction of the chin point position along with no detachment of the mentalis muscle providing soft tissue stability.

Results: The patients reported no neurosensory deficit. The pre and postoperative facial profiles were studied retrospectively: the labiomental angle and the genial prominence position in relation to the centreline of the face. Our cohort of patients reported a perceived improved profile with centreline correction.

Conclusion: Chin position is a major factor in lower facial aesthetics. Box genioplasty provides the opportunity to correct bony and soft tissue asymmetries with minimal complications. Previous studies have been building blocks for a prospective comparable study of different techniques of conventional sliding genioplasty rather than box genioplasty, therefore there is scope to further study box genioplasty as a technique. These cases also suggest the need for anthropometric studies to assess the variation of chin morphology.

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