

The invention relates to medicine, particularly to oncology and can be used to treat tongue cancer with defect replacement by nasobuccal flap.

The method consists in the fact that on the corresponding part of the neck are performed incisions in the region of lymph node clusters of the I-st, II-nd and III-rd levels with their removal, is performed the resection in oncologic limits of the tongue or oral cavity floor tumor, is prepared the nasobuccal flap, which begins with an incision parallel to the basilar edge of mandible and 1...1.5 cm above it, the incision is performed upwards on the cheek forming a flap of a size corresponding to the size of the defect. The depth-incision is performed up to the subcutaneous tissue, through which the facial vessels pass, the incision edges parallel to mandible are separated from the subcutaneous tissue at a distance of 1 cm, while maintaining the integrity of the vessels at the given level to obtain a flap covering the segment *a* containing all the layers, the skin segments *b* and *c* and the subcutaneous segment *b'-c'*. Then the flap is folded with the cutaneous surface towards the wound, and its end is introduced through a hole made under the external oblique line near and around the basilar edge of mandible. It is brought to the mandible towards the oral cavity through a hole, made by disinsertion of mylohyoid muscle after scraping the submandibular bed. After placing the flap it is sutured in two layers, namely segment *c* remains on the outside in the inferior buccal region. Segment *b'-c'* with the vascular pedicles is placed around the basilar edge and the inner surface of mandible, segment *b* is placed above the mylohyoid process towards the edge of the wound of the alveolar process or from the vestibule, replacing the fixed mucosa of the alveolar process, which was removed in a bloc with the tumor and at the same time is restored the paralingual or vestibular sulcus, and segment *a* is placed along the longitudinal axis of the tongue. Thereafter, the wound is sutured in layers, and segment *c* is dissected in the form of a triangle and sutured in the form of *Y* in the buccal region.

Claims: 1

Fig.: 3

