SUBTOTAL MAXILECTOMIO CUM EXENTERATIO ORBITAE case report

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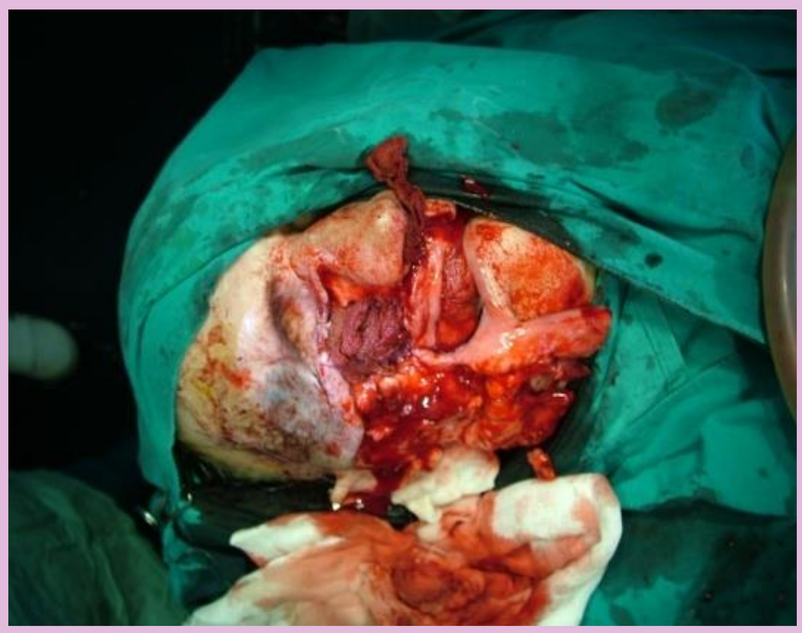
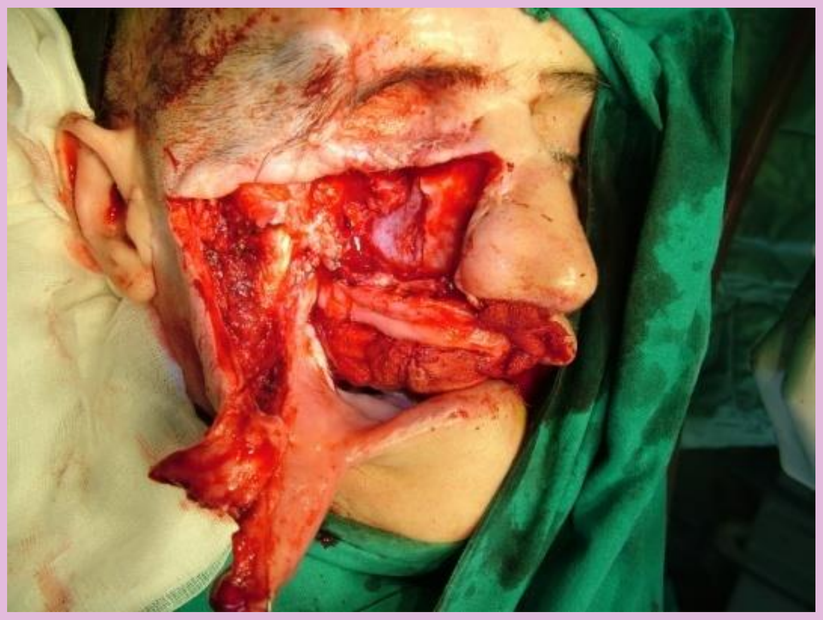
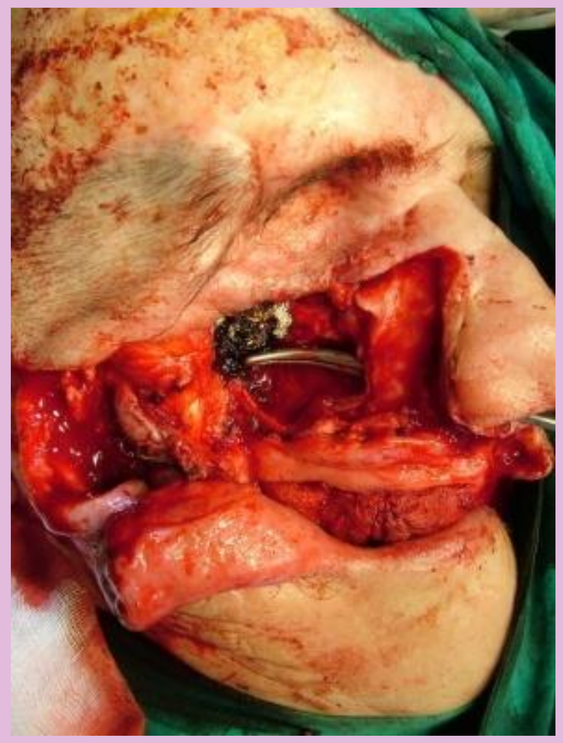
The patient, a 63-year-old employed woman, married and living with her husband, and the mother of two children from Eastern Serbia, presented at her local healthcare center with a growth on the lower right eyelid. Dermoscopy confirmed basal cell carcinoma, and tumor excision was performed under local anesthesia without conjunctival preparation. Histopathological analysis showed clear lateral margins, but the tumor had penetrated towards the conjunctiva in depth.



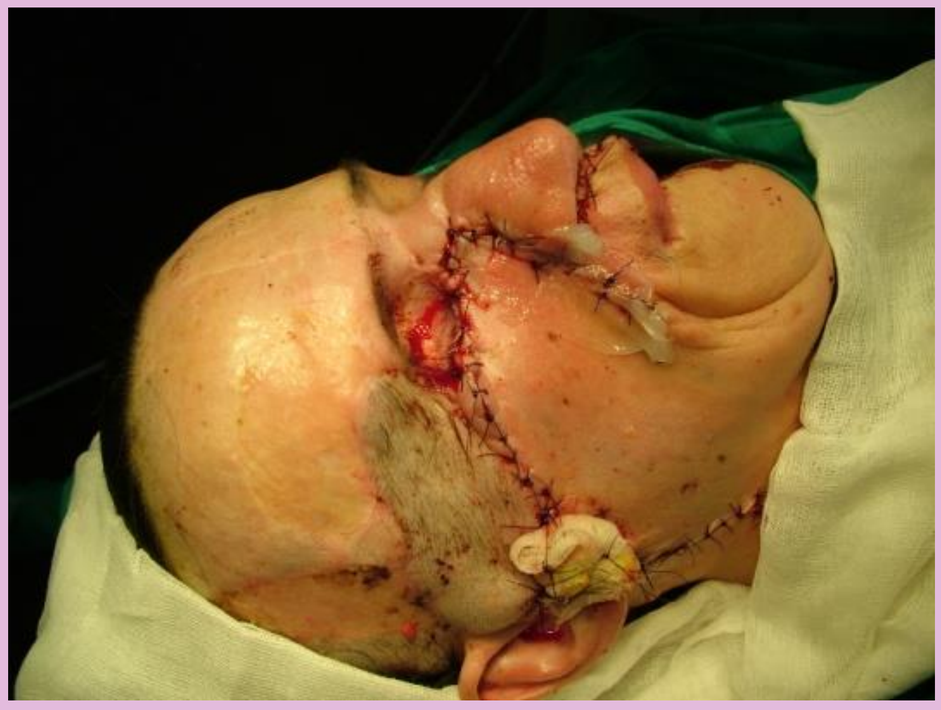
Three months later, the patient presented to a plastic surgery specialist with evident tumor recurrence, inability to move the eyeball, and impaired vision in the right eye. A maxillofacial surgeon at the local healthcare center was consulted and included in the case, leading the team to decide on orbital exenteration. Following surgical removal of the eyeball, a CT scan revealed tumor proliferation through the orbital floor into the maxillary sinus, with involvement of the anterior and medial walls of the sinus. The patient was referred to me at the Clinical Center of Serbia for further surgical treatment.



Clinical examination corroborated the CT findings, with the hard palate remaining intact and showing no signs of tumor proliferation. A neck ultrasound was unremarkable, which is characteristic of this type of carcinoma as it typically does not metastasize to the cervical region. Based on the integrity of the upper jaw and to preserve oral functionality in the postoperative period, I opted for subtotal maxillectomy while preserving the hard palate and the inferior wall of the maxillary sinus.



Surgical removal of the remaining portions of the right maxilla opened the middle cranial fossa, as seen in the attached images, and I closed this defect with synthetic material available at the hospital. The resulting defect was reconstructed with a full-thickness cervicofacial flap modified to fit the anatomical structures of the right cheek. However, the flap could not cover the entire face, resulting in a defect in the preauricular area, which I closed using a free skin graft according to the Wolf technique.



Histopathological findings confirmed the presence of basal cell carcinoma in the bony structures of the right maxilla. This carcinoma becomes significantly more aggressive when transitioning from soft to bony tissues. Preserving the hard palate proved justified, as there was no tumor penetration in that anatomical area, and the patient maintained normal breathing and chewing functions postoperatively, including the use of a suitable mobile prosthetic replacement.

I recommended managing the ocular defect with the placement of two microimplants in the lateral and medial walls of the orbit for the attachment of a prosthetic eye. After successful radical surgical treatment, the patient was referred back to colleagues at the local healthcare center for further monitoring and care.
At this moment patient has dental mobile prosthesis and glasses with false eye.