

Free Jejunal Graft in Oropharyngeal Reconstruction

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Clinical Image

A 77-year-old male patient presented to the ENT outpatient clinic with chronic otitis media with effusion on the left side. His medical history includes surgical treatment and reconstruction 18 years prior for pT1 pN0 cM0 oropharyngeal carcinoma. Clinical and imaging assessments revealed no evidence of additional pathologies, particularly ruling out recurrence of the underlying oncological condition.

In accordance with current guidelines for the management of chronic otitis media with effusion in adults, a nasopharyngeal inspection and histopathological evaluation was performed. Intraoperatively, peristaltic movements were observed in the area of the surgically reconstructed right palatal arch. While radial forearm flaps are nowadays preferred for the reconstruction of oropharyngeal defects following tumor surgery due to their excellent durability and lower associated morbidity, the reconstruction in the present case, performed almost two decades earlier, involved the use of a free jejunal graft.

This unexpected finding (documented in the accompanying video) highlights the autonomous functionality of the enteric nervous system, where intact myenteric and submucosal plexuses continue to maintain intestinal motility, even 18 years post-surgery. The examination of the nasopharynx yielded no pathological findings, a long-term tympanostomy tube was successfully placed and the patient remained symptom-free throughout the post-operative follow-up. Notably, no peristaltic activity of the free jejunal graft was observed while the patient was conscious.