

<b>Patient ID</b>	: GN0000605436	<b>Encounter Type</b>	: Outpatient
<b>Patient Name</b>	: Ms. Sandhya (echs)	<b>Encounter ID</b>	: 129037190001
<b>Date Of Birth</b>	: 01/10/2001	<b>Admission Date</b>	: 05/11/2019 11:26
<b>Attending Practitioner</b>	: Dr.Subodh C. Pande (HMC 4 519)		

## **Radiation Oncology Discharge Summary**

RT Number: 574/19

### **Presenting Complaints:**

Noted swelling of left hand since March 2019.

### **Comorbidities:**

None.

### **Allergies:**

No known Drug Allergy.

### **Family History:**

Not contributory.

### **History of Present Illness:**

Ms. Sandhya is a 18-year-old left-handed female who noted a progressive swelling in left hand in March 2019. She was evaluated at outside center with following investigations:

1. PET CT scan (24/5/2019): A 7 x 3 cm mass involving palmar aspect of left hand with SUV 7.7. Multiple thoracic and abdominal nodes with SUV 7.3.
2. Biopsy (AHRR dt 4/6/2019) : Alveolar RMS.
3. CECT Thorax: Mediastinal and abdominal nodes.

She then presented to our hospital on 12/6/2019 and underwent EBUS guided FNAC mediastinal lymph node that reported no atypical cells seen. She was then treated with VAC x 4 cycles till 23/8/2019 and her re-evaluation MRI on 11/9/2019 revealed altered intensity in inferomedial part of thenar muscles extending into interosseus muscles in 2nd and 3rd inner metacarpal space with post contrast enhancement.

She was then referred to us for opinion regarding radiotherapy. We evaluated her on 12/9/2019 when she had tolerated her chemotherapy with complete disappearance of swelling of left hand. She had no complaints. She was able to hold pen and had full power of muscles of left hand but had mild restriction of very fine movements of left hand fingers. No fever, cough, nausea or vomiting. She had no bladder or bowel problems. Her sleep and appetite were normal. She was performing her ADLs independently. Her examination good general condition with no pallor, icterus or pedal edema. Pulse rate was 78/min, BP 120/70 mmHg, weight 55 kg. Pain Score 0/10. Chest showed normal breath sounds bilaterally. Abdomen was soft with no palpable hepatosplenomegaly. Local examination showed mild loss of thenar eminence in left hand and movements were slightly decreased in fingers. Power in 4+/5 at wrist and all MP joints but 3/5 in lumbricals. No gross sensory loss. No palpable lymphadenopathy. A scab on lateral side of finger indicative of healed trophic ulcer that resulted from burn injury due to anesthetic skin.

Ms. Sandhya was thus evaluated by us as a biopsy-proven case of Alveolar RMS of Left Hand, intermediate risk



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and stage 2 disease. She had been treated with 4 cycles of chemotherapy to which she had shown excellent response with gross resolution of the swelling and good restoration of hand movements. Her sensory deficit had also substantially recovered. She was advised Radical Radiotherapy to maximize the chances of local control while preserving the organ, and the optimal technique of radiotherapy in her case was Intensity Modulated Radiation Therapy (IMRT) which would provide adequate dose to the tumour bearing region and at the same time would protect the critical structures in the vicinity from scattered dose of radiation. The manner of application of IMRT, its advantages, acute and long-term side effects, cost and duration, etc were explained to the patient and her father.

After obtaining an Informed Consent for the treatment, the patient was taken up for the preparation of an Immobilization Cast in Prone position of the Left Hand with hand above the head while supported on double foam. This was followed by contrast-enhanced CT scan for planning purposes on 17/09/2019. After CT scan was taken, the images were transferred to TOMOCON Contouring Workstation, and areas of therapeutic interest and organs at risk were contoured as per standard contouring guidelines. The contoured images were then pushed to MONACO PLANNING SYSTEM for computation. Multiple plans were reviewed and the best plan was selected. After necessary plan verification, quality assurance and set up verification with the help of cone-beam CT and confirmation of the treatment parameters, the first session of IMRT was delivered uneventfully on 24/09/2019. She was planned for a total dose of 56 Gy in 28 sessions to the Gross Tumor Volume (GTV) that included primary tumor as seen on fused MRI images along with another dose of 50.4 Gy in 28 sessions to the Clinical Target Volume (CTV) that included a margin around GTV. These volumes were treated with Simultaneous Integrated Treatment (SIB) technique. A small margin was further added to these CTVs to arrive at respective Planning Tumor Volumes (PTVs) to include any inadvertent setup variations.

Course During Radiotherapy: After completing 10 sessions on 09/10/2019, she noted itching in palm for last few days and was started on Coconut oil application to the itchy skin of left palm. After completing 16 sessions on 17/10/2019, she noted pain in left hand and was started on Tab Crocin that was changed to Zinase D on 1/11/2019 when because of observation of small bullous lesions in irradiated skin, she was also advised copious application of Flucort Ointment locally. Overall, she tolerated her course of radiotherapy acceptably well. At the time of completion, she has persisting itching in skin of left hand with pain responding to oral analgesics. She is able to perform her ADLs independently.

#### 👉 Physical Examination on completion of Radiotherapy:

Pulse	:	74 bpm
BP	:	120/80 mmHg
Weight	:	57 kg
Pain Score	:	1/10
Chest	:	Chest is clear.
Abdomen	:	Abdomen is scaphoid, soft and nontender with no palpable hepatosplenomegaly.
Local exam	:	Local examination reveals erythema of skin of left hand with bulle like lesion in lateral aspect of left thumb and over crease of wrist on ventral aspect. The skin of first web shows pale and

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dry skin without desquamation. There are dark colored macular spots on dorsal aspect of skin of first web. There is swelling in fingers that is more in left index and middle finger.

#### Diagnosis:

Biopsy-proven case of Alveolar RMS of Left Hand, intermediate risk and stage 2 disease, treated with 4 cycles of chemotherapy with gross resolution of the swelling. She has now completed Radical Radiotherapy.

#### Radiotherapy Procedure Undertaken:

Type of Therapy: IMRT to Left Hand region

Date of start: 24/09/2019

Date of last RT: 05/11/2019

Dose delivered: 56 Gy in 28 sessions to the primary tumor along with another dose of 50.4 Gy in 28 sessions to a margin around primary tumor using SIB technique.

#### Medication advised:

She should continue the following medications

1. Tab Zinase D thrice daily till complete relief from local pain.
2. Flucort ointment to be applied locally thrice daily till complete relief from local discomfort.

In addition, she should continue application of Coconut oil to skin of left hand for 3 months.

#### Precautions & Diet:

She should avoid vigorous scrubbing of the treated region for the next 2 months and instead mop it gently.

She is advised to maintain good nutritious and balanced diet.

She should try to keep left hand elevated and continue physiotherapy to improve functionality of left hand.

#### Activity Advised:

She can engage in routine activities gradually according to her energy levels.

#### Other Recommendations:

She is now advised to review with her Medical Oncologist and present this discharge summary for their followup advice.

We would like to review her for follow after 3 months. If she has any medical problems prior to that, she can contact us over the phone at 8860611660 or by email at subodhchandra@artemishospitals.com and we shall be happy to respond.

Follow-up Appointment: 05/02/2020.

Signature

: Dr.Subodh C. Pande (HMC 4519)

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