**Progress Notes-101**

**Date :02/11/2011**

ProgressNotes :

k/c/o ca tongue operated in calicut 7yrs ago

has been following up at AIMS since the

pt is known to be having leukoplakia tongue-on regular f/u

no risk factors.

o/e-multiple leukoplakic patches on the dorsum of the tongue.

a small area of minimal induration < 0.5 cms rt lat border of tongue.

rest NED

NECK-NED

CSB DR KK

PLAN-biopsy from rt lat tongue under LA

another biopsy-dorsum

planned for f/u-6months

biopsy-once a year.

**Date :10/11/2011**

ProgressNotes :

k/c/o ca tongue operated in calicut 7yrs ago

pt is known to be having leukoplakia tongue-on regular f/u

no risk factors.

o/e-multiple leukoplakic patches on the dorsum of the tongue.

a small area of minimal induration < 0.5 cms rt lat border of tongue.

rest NED

biopsy-carcinoma in situ.

s/b dr si/dr kk

plan-excision with flap

TB discussion , USG neck, pre ops, PAC.date given for surgery

**Date :09/12/2011**

ProgressNotes :

K/c/o Ca in situ tongue with multiple areas of leukoplakia, post wide excision with soft tissue flap reconstruction on 22/11/2011.

C/o change of voice

O/e: Tongue- flap healthy.

Hopkin's examination: Both arytenoids moving well. Left vocal cord not adducting completely. Phonatory gap+ ~3 mm.

Neck- wound healing well.

HPR noted: Wide local excision tongue: Leukoplakia with suture granuloma and focal mild dysplasia. Suggested clinical correlation in view of granulomatous lymphadenitis.

Plan: Pulmonology consultation

Review after one month.

**Date :23/04/2012**

ProgressNotes :

K/c/o Ca in situ tongue with multiple areas of leukoplakia, post wide excision with soft tissue flap reconstruction on 22/11/2011. Brother has h/o Ca tongue, post Sx, being followed up at AIMS.

HPR : Wide local excision tongue: Leukoplakia with suture granuloma and focal mild dysplasia. Granulomatous lymphadenitis.

On ATT from Pulmonology dept. 4 months completed.

C/o white patch on the left side of tongue. Voice has improved.

O/e: Tongue- Leukoplakic patches noted on the left lateral border of tongue, largest ~5x5mm, no induration.. Flap healthy.

Neck- No palpable lymph nodes.

Imp: Locoregionally controlled.

Plan: Close observation.

To see Dr SI

reassured

aquasol a and curcumin

see every month

**Date :13/07/2012**

ProgressNotes :

K/c/o Ca in situ tongue with multiple areas of leukoplakia, post wide excision with soft tissue flap reconstruction on 22/11/2011.

Brother has h/o Ca tongue, post Sx, being followed up at AIMS.

HPR : Wide local excision tongue: Leukoplakia with suture granuloma and focal mild dysplasia. Granulomatous lymphadenitis.

recieved ATT from Pulmonology dept.

C/o white patch on the left side of tongue. recieved aquasol and curcumin

O/e: Tongue- Leukoplakic patches noted on the left lateral border of tongue, no induration.. Flap healthy. Neck- No palpable lymph nodes.

Imp: Locoregionally controlled. Plan: Close observation

csb dr si

adv: cont aquasol and curcumin

r/a 2 months, laser vapourisation explained to pt.

Signed By:Sharan Kumar Shetty

**Date :13/07/2012**

ProgressNotes :

K/c/o Ca in situ tongue with multiple areas of leukoplakia, post wide excision with soft tissue flap reconstruction on 22/11/2011.

Brother has h/o Ca tongue, post Sx, being followed up at AIMS.

HPR : Wide local excision tongue: Leukoplakia with suture granuloma and focal mild dysplasia. Granulomatous lymphadenitis.

recieved ATT from Pulmonology dept.

C/o white patch on the left side of tongue. recieved aquasol and curcumin

O/e: Tongue- Leukoplakic patches noted on the left lateral border of tongue, no induration.. Flap healthy. Neck- No palpable lymph nodes.

Imp: Locoregionally controlled. Plan: Close observation

csb dr si

adv: cont aquasol and curcumin

r/a 2 months, laser vapourisation explained to pt.

Signed By:Sharan Kumar Shetty

**Date :12/11/2012**

ProgressNotes :

K/c/o Ca in situ tongue with multiple areas of leukoplakia, post wide excision with soft tissue flap reconstruction on 22/11/2011.

Brother has h/o Ca tongue, post Sx, being followed up at AIMS.

HPR : Wide local excision tongue: Leukoplakia with suture granuloma and focal mild dysplasia. Granulomatous lymphadenitis.

recieved ATT from Pulmonology dept.

C/o white patch on the left side of tongue

PLAN-LASER VAPOURISATION OF LEUKOPLAKIA under GA.

csb dr si

FIC ,DATE given

Signed By:Rahul B

**Date :08/03/2013**

ProgressNotes :

K/c/o Ca in situ tongue with multiple areas of leukoplakia, post wide excision with soft tissue flap reconstruction on 22/11/2011.

Brother has h/o Ca tongue, post Sx, being followed up at AIMS.

HPR : Wide local excision tongue: Leukoplakia with suture granuloma and focal mild dysplasia. Granulomatous lymphadenitis.

recieved ATT from Pulmonology dept.

C/o white patch on the left side of tongue

seen in Novemebr 2012 - PLAN-LASER VAPOURISATION OF LEUKOPLAKIA under GA.

FIC ,DATE given, but patient was unable to undergo the surgery due to family reasons.

Now come with persistanc of Leukoplakic patch over Left lateral border tongue. Patient has been on Homeopathic treatment the past 7 months,wife feels that the lesion has reduced in size.

Seen by Dr. SI: Reassured and adviced to review 3 monthly, to undergo laser excision if he wants. continue Aquasol A capsules.

Signed By:Dr.Vidhyadharan.S

**Date :08/07/2013**

ProgressNotes :

K/c/o Ca in situ tongue with multiple areas of leukoplakia, post wide excision with soft tissue flap reconstruction on 22/11/2011.

Brother has h/o Ca tongue, post Sx, being followed up at AIMS.

HPR : Wide local excision tongue: Leukoplakia with suture granuloma and focal mild dysplasia. Granulomatous lymphadenitis.

recieved ATT from Pulmonology dept [Completed course]

C/o white patch on the left lateral border of tongue since many months

c/o parasthesia over the tongue and flap donor site since many months

Was planned on laser excision but deferred due to financial constraints

Currently on Cap Aquasol and curcumin as conservative measures with Sx SOS

O.E :

Flap healthy over the right side of tongue

Leukoplacic patches present over the left lateral border of tongue

NO erythematous patches or borders

No signs of active local pathology

Neck : No Cervical Lymphadenopathy noted

S/B Dr SI

Planned for laser excision of leukoplakic patches over the left border of tongue

FIC from previous appointment to be taken

To be done after Ramadan ; to call 10 days prior

Probably to be done under GA

**Date :27/11/2014**

ProgressNotes :

K/c/o Ca in situ tongue with multiple areas of leukoplakia, post wide excision with soft tissue flap reconstruction on 22/11/2011. Brother has h/o Ca tongue, post Sx, being followed up at AIMS.

HPR : Wide local excision tongue: Leukoplakia with suture granuloma and focal mild dysplasia. Granulomatous lymphadenitis. recieved ATT from Pulmonology dept [Completed course]

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C/o white patch on the left lateral border of tongue since many months c/o parasthesia over the tongue and flap donor site since many months Was planned on laser excision but deferred due to financial constraints Currently on Cap Aquasol and curcumin as conservative measures with Sx SOS

last follow up : we had planned for laser excision of the lesions after ramadan

now has noticed a small ulcer inthe tongue at the jn of flap and residual tongue

l/e:

ulceroproliferative lesion in the rt side at the jn of the flap and tongue going posteriorly but not reaching the posterior 3rd and BOT , induration present

movements not restricted

neck - NAD

ADV:

Biopsy - taken

result to be reviewed in saturday

MDCT - head and neck with chest ( contrast )

**Date :11/12/2014**

ProgressNotes :

K/c/o Ca in situ tongue with multiple areas of leukoplakia, post wide excision with soft tissue flap reconstruction on 22/11/2011. Brother has h/o Ca tongue, post Sx, being followed up at AIMS.

HPR : Wide local excision tongue: Leukoplakia with suture granuloma and focal mild dysplasia. Granulomatous lymphadenitis. recieved ATT from Pulmonology dept [Completed course]

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C/o white patch on the left lateral border of tongue since many months c/o parasthesia over the tongue and flap donor site since many months Was planned on laser excision but deferred due to financial constraints Currently on Cap Aquasol and curcumin as conservative measures with Sx SOS

last follow up : we had planned for laser excision of the lesions after ramadan

now has noticed a small ulcer inthe tongue at the jn of flap and residual tongue

l/e:

ulceroproliferative lesion in the rt side at the jn of the flap and tongue going posteriorly but not reaching the posterior 3rd and BOT , induration present

movements not restricted

neck - NAD

Tumour board decision : WLE+ BL SND (I-IV) + STF + adjuvant

CSB DR. SI sir today

adv:

WLE + Laser excision of left anterior tongue lesion+ BL SND (I-IV) + STF + adjuvant

Xray,ECG

USG abdomen

PAC

Signed By:Dr.Shashikant

**Date :23/12/2014**

ProgressNotes :

Title: Mandibulotomy(paramedian) access + WLE of rt sided Ca tongue lesion- recurrent (oral tongue and BOT ) + + B/L SND ( 1 to 4) + Lt ALT reconstruction of the defect + Tracheostomy under GA on 23.12.14

Surgeons:Dr SI, Deepak , Dr Akshay , Dr Kiran , Dr Vidya , Dr Jana , Dr Adharsh

Primary : incision taken and after preplating paramanibulotomy done , access to the lesion attained and WLE of the lesion involving the rt side of previously reconstructed tongue and the base of tongue resected intoto , defect - 7 x 5 cm . frozen section sent from the deep margins and posterior margins and came as negative

Flap harvest :

Lt ALT flap was planned and designed and harvested from the lt thigh and 4 musculocutaneous perforators were seen .

7 x 5 cm flap was harvested and the donor site was primarily closed

Inset :

afetr trimming the flap , it was inset and the wound was closed in layers after plating the mandibulotomy site

Elective tracheostomy done

Post procedure uneventful

Signed By:Adharsh A

**Date :19/01/2015**

ProgressNotes :

Known case of Carcinoma in situ tongue right side post wide excision with soft tissue flap reconstruction on 22/11/2011. now with recurrence ca. tongue.

PROCEDURE DONE :

Mandibulotomy(paramedian) access + WLE of rt sided Ca tongue lesion- recurrent (oral tongue and BOT ) + B/L SND ( 1 to 4) + Lt ALT reconstruction of the defect + Tracheostomy under GA on 23.12.14

First post op visit

HPE Type of specimen: "WLE tongue lesion+ part of previously reconstructed flap"

Histological type: Squamous cell carcinoma

Differentiation : Moderate

Invasive front: Cohesive

Size of the tumor- 3x2.5x1cm

Maximum depth of invasion: 1.0 cm

Vascular invasion- present (occasional)

Nerve invasion - present (small nerves)

Margins- free of tumor.

Lymph nodes:

"Left level Ib": Salivary gland and no lymph nodes, free of tumor.

"Left level IIA": 1/2 lymph nodes with metastatic carcinoma.

Size of the lymph node with metastasis - 0.6cm

Perinodal deposits - Absent

"Left level IIB": Three lymph nodes, free of tumor.

"Left level III": Three lymph nodes, free of tumor.

"Right level IV": One lymph node with metastatic carcinoma.

Size of the lymph node with metastasis - 0.7cm

Perinodal deposits - Absent

"Left prefacial nodes": One lymph node, free of tumor

"Left level IV": Six lymph nodes, free of tumor.

pTNM: pT2N2c

O/E

oral cavity - NED

Flap - healthy

Advised ; radiation in view of lymh node involvement

Signed By:Dr.Shreya Bhattacharya

**Date :04/03/2015**

ProgressNotes :

Known case of Carcinoma in situ tongue right side post wide excision with soft tissue flap reconstruction on 22/11/2011.

Now with recurrence behind the flap site.

Underwent Mandibulotomy(paramedian) access + WLE of right sided Ca tongue lesion- recurrent (oral tongue and BOT ) + B/L SND ( 1 to 4) + Lt ALT reconstruction of the defect + Tracheostomy under GA on 23.12.14

Squamous cell carcinoma pTNM: pT2N2cM0

On adjuvant RT.completed 19# - has an abscess in the right submandibular

o/e

small fistula in sub mental region - pus coming out on pressing

seen by dr iyer sir

adv: Reassured, continue RT.

Signed By:Dr. Mahamaya Prasad Singh

**Date :04/04/2015**

ProgressNotes :

case of ca in situ s/p wide excision

c/o back pain

Bone scan

Plan admission under radiation oncology or transfer to their side

Pain and palliative consult

Signed By:Dr. Subramania Iyer