**Progress Notes -106**

**Date :05/01/2011**

ProgressNotes :

k/c/o renal transplant with ca posterior tongue

case discussed in TB on 05.01.11

planned RT in view of involvement of posterior

aspect of tongue and renal issue

c/s dr kk adv : Radiation oncology consultation

**Date :06/01/2011**

ProgressNotes :

for RT.

oral prophylaxis done.

G.I. filling done on decayed teeth

**Date :02/02/2011**

ProgressNotes :

Case of ca tongue post Renal transplant

Case discussed with Dr.Rajesh

Considering the benefit vs risk, decided to go ahead with chemo

3/2/2011

Cycle 1

Inj.Ondansetron 8mg + Inj.Dexona 20mg in 100ml NS>15min

Inj.Carboplatin 150mg in 1 bottle 5% dextrose >2hrs

DNS 1 bottle

Tab.Domperidone 1 bid x 3 days

Cap. Omeprazole 20mg OD x 5 days

Review on 9/2/2011 with CBC, RFT

**Date :13/04/2011**

ProgressNotes :

Well-Differentiated Squamous Cell Carcinoma, Left Posterior Third Tongue, Tonsillo-lingual sulcus, extending to the floor of mouth on the left side; T2 N2b M0.

RT Commencement: 20/01/2011: RT completed: 05/03/2011.

Radical Concurrent IMRT + Weekly Carboplatin [pt with Renal Transplant].

Dose delivered 6900 cGy to tumour CTV -6600 cGy to left opx - 6000 cGy to b/l level I, II, III NS and 5400 cGy to level IV -VI NS in 30 fractions with Simultaneous Integrated Boost Intensity Modulated Radiation Treatment.

no complaints

o/e- oral cavity nad

neck - nad

s/b Dr.KK

review monthly

Signed By:Deepak Balasubramanian

**Date :04/05/2011**

ProgressNotes :

Well-Differentiated Squamous Cell Carcinoma, Left Posterior Third Tongue, Tonsillo-lingual sulcus, extending to the floor of mouth on the left side; T2 N2b M0.

c/o pain in the floor mouth

o/e- smal ulcer ? RT changes in the lingual side of the mandible near the primary tumour site with tenderness

neck nad

s/b Dr.KK

ORN prophy x 2 weeks

review after 2 weeks

Signed By:Deepak Balasubramanian

**Date :16/05/2011**

ProgressNotes :

Well-Differentiated Squamous Cell Carcinoma, Left Posterior Third Tongue, Tonsillo-lingual sulcus, extending to the floor of mouth on the left side; T2 N2b M0.

RT BEAMING & STARTED ON: 20/01/2011

RT COMPLETED ON: 05/03/2011

The total dose delivered is 6900 cGy in 30 fractions.

1 Cycle of carboplatin concurrently given.

K/c/o renal transplant, on immunosupressive therapy?ulcer etiology

On oRN prophylaxis since 2 weeks

c/o pain in the floor mouth

o/e- Ulcer of same size as before(1cm x 0.5cm), no improvement in symptoms

neck nad

Csb Dr. SI

Biopsy

ORN prophy x 2 weeks

review after 2 weeks

Entered by Dhiraj

**Date :30/05/2011**

ProgressNotes :

Well-Differentiated Squamous Cell Carcinoma, Left Posterior Third Tongue, Tonsillo-lingual sulcus, extending to the floor of mouth on the left side; T2 N2b M0.

RT BEAMING & STARTED ON: 20/01/2011

RT COMPLETED ON: 05/03/2011

The total dose delivered is 6900 cGy in 30 fractions.

1 Cycle of carboplatin concurrently given

had presented with pain in the oral cavity

o/e - ulcer in the oral cavity posteriorly floor and ? erosion in the mandible near the moloar area, left lower side

biopsy taken last week - SCC

s/b Dr.SI and KK

surgery suggested

Iyer sir has spoken to nephro here and patients own nephologist in Trischur

to get MRI done and review

TB discussion

Signed By:Deepak Balasubramanian

**Date :01/06/2011**

ProgressNotes :

Res Ca.tongue post RT

planned for salvage sx with WLE + SM + ND + bone/RFFF flap

to get nephro/PAC consult today

pre ops given

date given

adv to come on 11.6.2011

s/b Dr.SI and KK

**Date :11/06/2011**

ProgressNotes :

Res Ca.tongue post RT

planned for salvage sx with WLE + SM + ND + bone/soft tissue flap

Lt hand AV fistula +

No flap from Lt hand

s/b Dr.SI and KK

Signed By:Dr. L M Chandra Sekhara Rao

**Date :20/07/2011**

ProgressNotes :

Recurrent carcinoma tongue S/p IMRT Case of renal allograft recipient on triple immunosuppression

PROCEDURE DONE :

Wide local excision + Segmental mandibulectomy + Left neck dissection (Level I-IV) + Free fibula flap reconstruction + tracheostomy under GA on 16-06-2011

on follow up

c/o trismus

o/e primary : NED, flap taken well, trismus +,

Neck : NED, serous collection present, about 25 ml of serous fluid aspirated

csb dr si

adv : Heister, to meet Dr kiran for donor wound management

**Date :01/08/2011**

ProgressNotes :

s/b dr indhu

Recurrent carcinoma tongue S/p IMRT Case of renal allograft recipient on triple immunosuppression

PROCEDURE DONE :

Wide local excision + Segmental mandibulectomy + Left neck dissection (Level I-IV) + Free fibula flap reconstruction + tracheostomy under GA on 16-06-2011

on follow up

s/b dr SI

oral cavity -NAD

serous fluid aspirated from the neck swelling

doxycycline 100mg for 2 w given for the right thigh lesion

plan for skin grafting after 2 weeks

**Date :17/08/2011**

ProgressNotes :

Residual carcinoma tongue S/p IMRT Case of renal allograft recipient on triple immunosuppression

PROCEDURE DONE :

Wide local excision + Segmental mandibulectomy + Left neck dissection (Level I-IV) + Free fibula flap reconstruction + tracheostomy under GA on 16-06-2011

on follow up

oral cavity -Proliferative lesion on Lt side soft palate and Lt pharyngeal wall, Hypopharynx, Larynx: Ned

Neck: fluctuant swelling Lt side neck 5x5 cm , nontender, mobile

Lt Leg donor area: Grannulation is healthy, 5x5 cm

Biopsy taken from Oropharynx

csb Dr KK

**Date :24/08/2011**

ProgressNotes :

s/b dr tejal

Residual carcinoma tongue S/p IMRT Case of renal allograft recipient on triple immunosuppression

PROCEDURE DONE :

Wide local excision + Segmental mandibulectomy + Left neck dissection (Level I-IV) + Free fibula flap reconstruction + tracheostomy under GA on 16-06-2011

on follow up

oral cavity -Proliferative lesion on Lt side soft palate and Lt pharyngeal wall, Hypopharynx, Larynx: Ned

Neck: fluctuant swelling Lt side neck 5x5 cm , nontender, mobile

Lt Leg donor area: Grannulation is healthy, 5x5 cm

Biopsy taken from Oropharynx: HPE: Recurrent Poorly differentiated SCC

csb Dr KK/Dr SI

PET scan without contrast and rule out other metastatic sites.

If negative plan for WLE+RFFF(Temporal vessel doppler prior to surgery)

Signed By:Dr. Sriprakash Duraisamy

**Date :27/08/2011**

ProgressNotes :

Residual carcinoma tongue S/p IMRT Case of renal allograft recipient on triple immunosuppression

PROCEDURE DONE :

Wide local excision + Segmental mandibulectomy + Left neck dissection (Level I-IV) + Free fibula flap reconstruction + tracheostomy under GA on 16-06-2011

on follow up

oral cavity -Proliferative lesion on Lt side soft palate and Lt pharyngeal wall, Hypopharynx, Larynx: Ned

Neck: fluctuant swelling Lt side neck 5x5 cm , nontender, mobile

Lt Leg donor area: Grannulation is healthy, 5x5 cm

Biopsy taken from Oropharynx: HPE: Recurrent Poorly differentiated SCC

csb Dr KK/Dr SI

PET scan without contrast and rule out other metastatic sites.

If negative plan for WLE+RFFF(Temporal vessel doppler prior to surgery)

csb DR SI

PET -D/W DR sunmugha sundaram-no distant mets

plan-to go ahead with sx

pt will come after Ramzan for date

FIC given

**Date :05/09/2011**

ProgressNotes :

c/s/b Dr S.I

FNAC of left supraclavicular swelling negative

plan for aspiration and cytology

FIC for surgery to be given today

has raw wound from left fibula donor site that needs to be grafted during surgery for primary resection

PAC to be done

Med GE opinion for intra operative PEG on 22/9/11

Signed By:Dr. Sriprakash Duraisamy