**Progress Notes -110**

**Date :21/08/2015**

ProgressNotes :

noticed lesion right side oral cavity 6 mths back.

associated with pain

biopsy at maria hospital, adoor- verrucous keratoss with moderate dysplasia. deepers not available.

habits: smoker, pan chewer

comorbidity: psoriasis

o/e:

OC: 1x1 cm whitish lesion right lower GBS, adjacent to second last molar. bone appears free. tender to touch

neck: 1x1 cm, tender right level I b LN+

scopy: NAD

adv:

deeper biopsy

MDCT H+N

**Date :07/09/2015**

ProgressNotes :

seen by dr iyer sir

plan: excision under LA today ion minor OT.

**Date :18/09/2015**

ProgressNotes :

right GB sulcus ulcer

s/p biopsy - no evidence of malignancy

Excision biopsy done - moderate to dense chronic inflammation, no evidence of malignancy

o/e

wound healing well

seen by dr iyer sir

adv: assured.

Signed By:Dr. Mahamaya Prasad Singh

**Date :03/11/2017**

ProgressNotes :

38 year old male, involved in molding work at surat gujarat

came with c/o ulcer in mouth inner aspect of rt cheek since 2 months

lesion was biopsied thrice in 2015, maria hospital, adoor- verrucous keratosis with moderate dysplasia. deepers not available.

lesion had healed after excisional biopsy in 2015

hpe- no evidence of malignancy

CT Head and neck: Plain and contrast - venous phase study (7/9/2015).

-non enhancing plaque like thickening of the inferior right gingivobuccal sulcus area, adjacent to the inferior alveolus ? infective

- no erosion of the adjacent bone.

-multiple sub centimetric small nodes in the station II bilaterally, but these show an oval shape and are likely to represent incidental nodes.

-The left tonsil shows a 8mm hypodense central area - ? infective. The right tonsil appears normal.

ulcer has recurred since last 2 months

associated with pain

habits: smoker, pan chewer. quit 2months back

comorbidity: psoriasis

o/e: KPS-100

OC: 1x1 cm ulcerative lesion right lower GBS, adjacent to second last molar. tender. non indurated

neck: no palpable node

s/b Dr DB Sir

adv-biopsy

procedure- biopsy done in Minor OT under LA

procedure uneventful.

**Date :10/11/2017**

ProgressNotes :

bx - SCC

needs sx as per TB

severe financial constraints

plan

1. patient services

2. outside referral after pt services assessment

Signed By:Dr. Deepak Balasubramaian

**Date :16/11/2017**

ProgressNotes :

awaiting patient services help

today for pac and inv

**Date :25/11/2017**

ProgressNotes :

c/s/b Dr DB sir

Impression- ca Rt buccal mucosa cT1N0Mx

HPE dtd 4/11/17-Moderately differentiated squamous cell carcinoma, biopsy right buccal mucosa.

Tumour Board discussion : WLE + ND +/- marginal mandibulectomy +/- reconstruction

MRI head & Neck :

Proved case of squamous cell carcinoma shows an enhancing lesion in the right gingivobuccal sulcus as described.No involvement of masticator space/masticator muscles.

Small submental lymph nodes with bilateral level 1B nodes.

PAC : Fit

Adv:

Date for surgery

Signed By:Dr.Yogesh Madhav Dokhe

**Date :01/12/2017**

ProgressNotes :

procedure- wide local excision (right gingivobuccal complex with marginal mandibulectomy) with right SND (levels I-IV) with shape modifying radial free forearm reconstruction under GA

surgeons- Dr SI/DB sir, Dr Janardhan Sir, Dr Narayanan, Dr Ridhi Sood

findings- 1x1 cm ulcerative lesion right lower GBS, adjacent to second last molar. indurated, neck: no palpable node

steps- under GA with nasotracheal intubation under all aseptic precuations

transverse skin crease incision taken on right side of neck with lip split extension

subplastysmal flaps elevated

right cheek flap elevated, to expose mandible, buccinator muscle kept on specimen side

mucosal cuts marked with 1cm margins from induration

last two molar teeth on rt lower jaw extracted

marginal resection done with 1 cm margins

focal area of weakness present below rt 2nd molar over remnent mandible, which fractured during marginal resection

fractured segment plated with double recon plate and screws

specimen sent for HPE

post resection defect was approximately 8x4cm

right SND (levels I-IV) done, multiple subcentimetric level 1b,II,III and IV nodes were present, right spinal accessory nerve was identified and preserved.

specimen sent for HPE

hemostasis achieved

shape modifying radial free forearm harvested from left forearm with skin paddle of size 8x 4cm, based on radial artery and one venae commitentes

donor site closure done primarily

radial artery anastomosed with rt facial artery and venae commitentes with IJV on rt side

flap inset done for closure of buccal mucosa defect and covering exposed mandible

suction drain kept in neck

closure of neck done in layers

procedure uneventful

patient shifted to ICU for post operative care

**Date :07/12/2017**

ProgressNotes :

K/C/O Ca right buccal mucosa

s/p WLE +ND + marginal mandibulectomy

Patient conscious oriented and stable.

O/E: On NGT feeds

OPME:

Lips - normal

Tongue - normal

trismus+

Palate and gag could not be checked

Laryngeal elevation - incomplete

On oral trial: 3cc water swallow test done.

Signs of penetration/aspiration present+

plan:

Not fit for oral feed at present

shall review.

**Date :12/01/2018**

ProgressNotes :

s/p wide local excision (right gingivobuccal complex with marginal mandibulectomy) with right SND (levels I-IV) with shape modifying radial free forearm reconstruction under GA done on 01/12/17

HPR:

WLE + marginal mandibulectomy , additional margins and lymph node excision:

- Well differentiated squamous cell carcinoma, right gingivobuccal sulcus.

- Tumour size - 1x1x0.4cm.

- Depth - 0.4cm

- No bony invasion seen

- Margin status - Deep margin is 0.3cm away. Other margins are free. Closest being medial mucosal margin

(0.8cm away)

- Additional medial floor of mouth mucosal margin, additional superolateral mucosal margin - free of tumour

- WPOI - Type I (score 1+)

- LHR - type 1 (score 0)

- PNI - None (score 0)

- LVI - Absent

- Histological risk assessment score -1 (low risk)

Lymph nodes :(Right level Ia - IV)All sampled nodes are free of tumour.

Stage pT1N0

O/E GC F

Oral : NED

Neck one suture in situ

Adv:

Suture removal

R/a 1 month

**Date :12/03/2018**

ProgressNotes :

doing well

no specific complaints

oral cavity/neck and RFFF donor healthy

plan

r.a 1 month

Signed By:Dr. Deepak Balasubramaian

**Date :13/04/2018**

ProgressNotes :

c/o low back pain x 1 month

oral cavity and neck nad

ortho consult

r.a 2 months

**Date :23/05/2018**

ProgressNotes :

Carcinoma Rt buccal mucosa cT1N0Mx

S/P

wide local excision (right gingivobuccal complex with marginal mandibulectomy) with right SND

(levels I-IV) with shape modifying radial free forearm reconstruction under GA on 30.11.17

HPR- Well differentiated squamous cell carcinoma, right gingivobuccal sulcus.

- Tumour size - 1x1x0.4cm.

Depth - 0.4cm

pT1N0

Under regular f/up

on observation

CSB DR DB

right submandibular region node palpable

Adv- USG neck today

SOS FNAC if LN is suspicious

form given

review with report

**Date :02/06/2018**

ProgressNotes :

S/P wide local excision (right gingivobuccal complex with marginal mandibulectomy) with right SND (levels I-IV) with shape modifying radial free forearm reconstruction under GA on 30.11.17

HPR- Well differentiated squamous cell carcinoma, right gingivobuccal sulcus. - Tumour size - 1x1x0.4cm. Depth - 0.4cm pT1N0

Under regular f/up

on observation

o/e right submandibular region node palpable

CSB DR DB

patient service assistance for PET CT

plan for redo neck dissection under GA

**Date :20/06/2018**

ProgressNotes :

K/C/O Carcinoma Rt buccal mucosa cT1N0Mx Now Nodal recurrence

s/p

Right level I b Nodulectomy under GA

HPE\_Right level IB node : - Metastatic squamous cell carcinoma - Largest deposit measures 2cm; perinodal spread seen.

s/b Dr DB

radiation onco and medical onco opinion

**Date :24/06/2018**

ProgressNotes :

Carcinoma R Buccal Mucos

Underwenr WLE+Segemtal manduibulectomy in Nov 2017

pT1NoMx

Now with Nodal recurrenece

Nodusectomy under GA 11.06.18

Stage-pN3bM0

now newly developed small nodes in right lower neck

USG neck- Bilateral level II, III and IB shows few tiny subcentimetric hypoechoic lymph with preserved fatty hilum.

Right submandibular region shows a heterechoic collection measuring 2.4 x 1.24 cm ? post op collection.

A cystic areas noted in right lower neck measuring 1.1 x 0.7 cm.

CSB DR DB

repeat USG neck with DR Sandhya madam on tuesday early morning

plan- nodal clearance with all level exploration under GA

Signed By:Priyank Vinodbhai Rathod

**Date :27/06/2018**

ProgressNotes :

right level V and left level 4 clearance under GA

procedure

lower cervical crease incision placed. left level 4 node dissected and sent for FS. FS reported as benign. right level V clearance done from trapezius to SCM with SAN preservation. left level 4 clearance done. haemostasis achived. drain placed. wound closed in layers.

**Date :24/10/2018**

ProgressNotes :

Carcinoma Right Buccal Mucosa

S/P WLE+Segmental Mandibulectomy on 30/11/2017.

pT1N0Mx

Nodal recurrence in June 2018

S/P Right level I b Nodulectomy on 11/06/2018.

Stage-pT0N3bM0

S/P Right level V and left level IV lymph node clearance on 26/6/18

Completed Post Operative Concurrent Chemo radiotherapy.

Now post CTRT

Skin and mucosal changes

No palpable nodes

Neck- NAD

Can take oral diet

Plan- to review with DR DB

Signed By:Priyank Vinodbhai Rathod

**Date :03/12/2018**

ProgressNotes :

Carcinoma Right Buccal Mucosa S/P WLE+Segmental Mandibulectomy on 30/11/2017. pT1N0Mx Nodal recurrence in June 2018

S/P Right level I b Nodulectomy on 11/06/2018. Stage-pT0N3bM0

S/P Right level V and left level IV lymph node clearance on 26/6/18

Completed Post Operative Concurrent Chemo radiotherapy.

o/e

oral cavity nad

nodularity felt in the flap

neck nad

USG DONE TODAY REPORT communicated as no significant LN pathy

C/O back pain and stiffness X RAY SPINE DONE SHOWS- REDUCED DISC SPACE D11- D12-L1

ADV Alk Phospatase by radiation oncology

s/b Dr DB

review with reports

Signed By:Ridhi Sood