**Progress notes-111**

**Date :02/01/2020**

ProgressNotes :

63 year old lady, resident of Tripunitara, previously working in a bank, now retired

h/o HTN+ on medications since 2-3 years

no addictions

h/o tympanoplasty done in 2002

H/o LE cataract Surgey done 10 years ago

h/o RE cataract surgery done 3 months ago

was diagnosed as carcinoma tongue in August 2015, cT1N0M0.

WLE was done on 08.08.2015

Frozen s/o DOI 1mm, hence ND was not done.

was on regular follow up since then

ulcer noticed over the right lateral border tongue since 1 year

rapid increase in size since the past 2-3 weeks

h/o dysphagia + since 2-3 days

no other complaints

o/e:

KPS 90

MO adequate

e/o3x3 cm proliferative lesion over the right lateral border of tongue, 1.5cm from the tip, 1.5 cm from the midline, not involving FOM, BOT, bleeds on touch, non tender, firm

Neck: no palpable neck nodes.

c/s/b Dr. SI Sir

adv: Biopsy

MRI HN with contrast, CT Chest Plain

PAC, PAC Ix

Plan: WLE + I/L ND

**Date :03/01/2020**

ProgressNotes :

63 year old lady, resident of Tripunitara, previously working in a bank, now retired

h/o HTN+ on medications since 2-3 years no addictions h/o tympanoplasty done in 2002 H/o LE cataract Surgey done 10 years ago h/o RE cataract surgery done 3 months ago was

diagnosed as carcinoma tongue in August 2015, cT1N0M0. WLE was done on 08.08.2015 Frozen s/o DOI 1mm, hence ND was not done. was on regular follow up since then ulcer noticed over the right lateral border tongue since 1 year rapid increase in size since the past 2-3 weeks h/o dysphagia + since 2-3 days no other complaints

o/e: KPS 90 MO adequate e/o3x3 cm proliferative lesion over the right lateral border of tongue, 1.5cm from the tip, 1.5 cm from the midline, not involving FOM, BOT, bleeds on touch, non tender, firm

Neck: palpable Ib node +

CT Chest: No mets

MRI HN: noted

c/s/b Dr. SI Sir

adv: WLE + ND +/- STF (lateral arm flap)

to send intraop frozen from the discoloured mucosa tip margin

Signed By:Dr. Subramania Iyer

**Date :03/01/2020**

ProgressNotes :

Case of Ca tongue

Planned for surgery

O/E:

Calculus +++

Adv scaling

Review with OPG

**Date :15/01/2020**

ProgressNotes :

1.1 OT

Ca tongue: Wide local excision + bilateral neck dissection + RAFF

under GA

with all aseptic and antiseptic precautions

bite block inserted

cheek retractor inserted

betadin wash given to oral cavity

wide local excision of tongue ulceroproliferative lesion done with 1 cm wide margin

specimen oriented and sent for HPE analysis

hemostasis achieved

bilateral neck dissection

transverse skin crease incision kept

upper and lower subplatysmal flaps elevated till lower border of mandible and clavicle

right side selective neck dissection level I to IV done

marginal mandibular nerve spinal accessory nerve and carotid sheath structures identified and preserved

left side I to III selective neck dissection done

similar steps repeated

hemostasis achieved

drain no 16 kept on both sides

RAFF

7\*5 cm large skin paddle from left hand harvested based on radial artery

suprafascial flap raised

radial cutaneous nerve preserved

cephalic vein taken with flap

flap detached

donor site closed with SSG harvested from left thigh

drain placed

flap vessel anastomosed to facial artery and facial vein

flap inset done to defect

all neck wounds closed in layers

tracheostomy done

patient shifted to 11 ICU for immediate post operative care

**Date :22/01/2020**

ProgressNotes :

K/C/O Recurrent Ca tongue

S/P Wide local excision + bilateral neck dissection + RAFF + Tracheostomy under GA

O/E; the patient is conscious, oriented and able to follow commands;

On NGT feeds since 8 days;

Orally taking sips of water

On oral trial with blend diet;

-The bolus is placed posteriorly on the left side

-No anterior spillage

-No oral holding

-No post swallow cough/Distress noted

-No signs of aspiration/penetration

Impression: FIT FOR ORAL FEEDS (Blend diet)

Plan:

-Start on oral feeds (blend diet)

-Bolus placement as taught

-Maintain oral hygiene

-Maintain adequate position while feeding

-Shall review

Done by: Pavithra.P

**Date :03/02/2020**

ProgressNotes :

DIAGNOSIS : Recurrent Carcinoma Right Tongue

PROCEDURE DONE : Wide local excision + bilateral neck dissection + RAFF under GA on 14/01/2020.

HP TB Discussion: Right WLE tongue + Lymphnode dissection: - Poorly differentiated Squamous cell carcinoma, Tongue - Tumor measures - 5x3.5x1.7cm. - Depth of lesion - 2cm - WPOI- Type 4, score +1 - LHR - Type 3, score +3 - PNI-(Large nerves), score +3 - Risk assessment score -7 (high risk) - All margins are free of tumour, closest being deep inked 2mm & inferior margin 0.3cm which is away. - Lymph nodes - 1/43 nodes shows metastasis, metastatic focus measuring 1cm in greatest dimension. No extranodal extension seen. Stage-pT4aN2c

Agreed Plan of management : Adjuvant CTRT

came for regular follow up

doing well

o/e:

donor site tendon exposed +

L/R: NED, flap healthy

Neck wound healed well

Tracheostomy site sutures in situ

c/s/b Dr. SI Sir:

adv: adjuvant CTRT

radiation oncology consult Dr. Pushpaja

regular dressing for donor site

suture removal

**Date :10/02/2020**

ProgressNotes :

DIAGNOSIS : Recurrent Carcinoma Right Tongue PROCEDURE DONE : Wide local excision + bilateral neck dissection + RAFF under GA on 14/01/2020. HP TB Discussion: Right WLE tongue + Lymphnode dissection: - Poorly differentiated Squamous cell carcinoma, Tongue - Tumor measures - 5x3.5x1.7cm. - Depth of lesion - 2cm - WPOI- Type 4, score +1 - LHR - Type 3, score +3 - PNI-(Large nerves), score +3 - Risk assessment score -7 (high risk) - All margins are free of tumour, closest being deep inked 2mm & inferior margin 0.3cm which is away. - Lymph nodes - 1/43 nodes shows metastasis, metastatic focus measuring 1cm in greatest dimension. No extranodal extension seen. Stage-pT4aN2c Agreed Plan of management : Adjuvant CTRT

doing well

ct sim done. RT to start from 17.2.20

l/r ned

s/b Dr SI sir

adv- pd fact ointment la for donor site

**Date :10/02/2020**

ProgressNotes :

63 yr old lady, retd bank employee

Diagnosed to have carcinoma tongue right lat border in August 2015, cT1N0M0. consulted RCC TVM. Wide local excision of the tumor was done on 08.08.2015. Frozen sent suggestive of DOI 1mm, hence ND was not done.

She was on regular follow up since then . Last follow up in sept 2019

She noticed ulcer over the right lateral border tongue after that follow up which rapidly increased in size since the past 2-3 weeks. she came to AIMS HNS OPD for further management.

o/e: KPS 90 MO adequate e/o3x3 cm proliferative lesion over the right lateral border of tongue, 1.5cm from the tip, 1.5 cm from the midline, not involving FOM, BOT, bleeds on touch, non tender, firm Neck: no palpable neck nodes.

Right tongue growth biopsy - Moderately differentiated squamous cell carcinoma.

ca tongue Right lat border tongue

Wide local excision + bilateral neck dissection + RAFF under GA on 14/01/2020.

Poorly differentiated Squamous cell carcinoma, Tongue - Tumor measures - 5x3.5x1.7cm. - Depth of lesion - 2cm - WPOI- Type 4, score +1 - LHR - Type 3, score +3 - PNI-(Large nerves), score +3 - Risk assessment score -7 (high risk) - All margins are free of tumour, closest being deep inked 2mm & inferior margin 0.3cm which is away. - Lymph nodes - 1/43 nodes shows metastasis, metastatic focus measuring 1cm in greatest

dimension. No extranodal extension seen. Stage-pT4aN2c

Referred for RT opinion

concurrent chemo to discuss

CT sim 10/2/20

RT start 17/2/20

Planned for CTRT with cisplatin

Review on 17/2/20 for the same

Signed By:Dr. Pavithran

**Date :10/02/2020**

ProgressNotes :

DIAGNOSIS : Recurrent Carcinoma Right Tongue PROCEDURE DONE : Wide local excision + bilateral neck dissection + RAFF under GA on 14/01/2020. HP TB Discussion: Right WLE tongue + Lymphnode dissection: - Poorly differentiated Squamous cell carcinoma, Tongue - Tumor measures - 5x3.5x1.7cm. - Depth of lesion - 2cm - WPOI- Type 4, score +1 - LHR - Type 3, score +3 - PNI-(Large nerves), score +3 - Risk assessment score -7 (high risk) - All margins are free of tumour, closest being deep inked 2mm & inferior margin 0.3cm which is away. - Lymph nodes - 1/43 nodes shows metastasis, metastatic focus measuring 1cm in greatest dimension. No extranodal extension seen. Stage-pT4aN2c Agreed Plan of management : Adjuvant CTRT

doing well

ct sim done. RT to start from 17.2.20

l/r ned

s/b Dr SI sir

adv- pd fact ointment la for donor site

**Date :11/03/2020**

ProgressNotes :

Recurrent Carcinoma Right Tongue

s/p Wide local excision + bilateral neck dissection + RAFF under GA on 14/01/2020. Stage-pT4aN2c

Agreed Plan of management : Adjuvant CTRT

completed CTRT

RT Commencement: Date:17.02.2020

PLan RT Dose:66Gy in 30#

Weekly Cisplatin

completed 15 #

o/e

doing well NED

CSB Dr SI

review 2 monthly

**Date :24/04/2020**

ProgressNotes :

Carcinoma Right Lateral border Tongue

S/P Wide local excision + bilateral neck dissection + RAFF under GA on 14/01/2020.

Poorly differentiated Squamous cell carcinoma pT4aN2cM0

Completed Post Operative Concurrent chemoradiation therapy on 28/03/2020

for regular follow up

RT insitu

o/e:

flap healthy

sharp tooth impinging on residual tongue +

c/s/b Dr. SI Sir:

adv: Dental consult

**Date :24/04/2020**

ProgressNotes :

Accompanied with daughter,

Hailing from tripunithura -EKM

poor oral hygiene

odynophagia

NGT inserted after adj RT due to odynophagia

IMPRESSION :NOT FIT FOR SWALLOW

PLAN:

continue exclusive NGT feeds

Start pharyngocises for post RT-as adviced

Maintain oral hygiene

Try oral stimulation with honey

review on 27.4.2020

ARYA C J

**Date :27/04/2020**

ProgressNotes :

plain liquid ,blend -thin and thick tried under supervision

compensatory maneuvers:

1.Head turn to right

2.multiple swallow

3.suck and swallow

IMPRESSION :

FIT FOR ORAL FEEDS

PLAN:

Start on oral feeds [blend diet] ~3ml per bolus

Head turn to right side for final bolus swallow

water washout for semisolids

Multiple swallow required

Avoid sequential swallow during initial 3 days

Avoid distractions while feeding

Avoid lying down soon after feeding

Maintain head end elevated position while feeding

Monitor for fever spikes/cough/breathlessness

Maintain oral hygiene

Inform 6886/799499761-on call dysphagia

Arya C J

**Date :27/04/2020**

ProgressNotes :

plain liquid ,blend -thin and thick tried under supervision

compensatory maneuvers:

1.Head turn to right

2.multiple swallow

3.suck and swallow

IMPRESSION :

FIT FOR ORAL FEEDS

PLAN:

Start on oral feeds [blend diet] ~3ml per bolus

Head turn to right side for final bolus swallow

water washout for semisolids

Multiple swallow required

Avoid sequential swallow during initial 3 days

Avoid distractions while feeding

Avoid lying down soon after feeding

Maintain head end elevated position while feeding

Monitor for fever spikes/cough/breathlessness

Maintain oral hygiene

Inform 6886/799499761-on call dysphagia

Arya C J

**Date :29/05/2020**

ProgressNotes :

diagnosed as carcinoma tongue in August 2015, cT1N0M0. Wide local excision of the tumor was done on 08.08.2015. Frozen sent suggestive of DOI 1mm, hence ND was not done.

Carcinoma Right Lateral border Tongue pT4aN2cM0 S/P Wide local excision + bilateral neck dissection + RAFF under GA on 14/01/2020. Poorly differentiated Squamous cell carcinoma pT4aN2cM0 Completed Post Operative Concurrent chemoradiation therapy on 28/03/2020

on liquid diet

speech clear

o/e:

L/R: NED

32,33 impinging remnant tongue

c/s/b Dr. SI Sir:

adv: dental consult

review after 1 month

**Date :26/06/2020**

ProgressNotes :

Carcinoma Right Lateral border Tongue pT4aN2cM0

S/P Wide local excision + bilateral neck dissection + RAFF under GA on 14/01/2020.

Poorly differentiated Squamous cell carcinoma pT4aN2cM0

Completed Post Operative Concurrent chemoradiation therapy on 28/03/2020

c/o dry cough +; on antibiotics, not resolving

o/e: L/R: NED

CXR noted

c/s/b Dr. SI Sir:

adv: PET CT

can continue ascoril syp