**Progress Notes -113**

**Date :22/12/2014**

ProgressNotes :

c/o growth on the right side of tongue since 2 yrs. was treated with vitamin supplements but growth increased in size. evaluated ouside at baby memorial hospital.

biopsy- WDSCC

MDCT- growth right tongue with level II ln

CT chest- NAD

habits: exsmoker. quit 10 yrs back

comorbidity: DM

o/e: oc: 5x2 cm indurated growth right lateral tongue, involving the floor, 0.5 cm from the alveolus, extending posteriorly till the TLS and BOT, 1 cm from the midline.

scopy: bulge right BOT and TLS

plapation: induration+

neck: no nodes felt

adv:

MRI H+N

DENTAL CLEARANCE

PAC INV

PAC

**Date :22/12/2014**

ProgressNotes :

For surgery CA tongue.

adv-

oral prophylaxis prior to RT.

**Date :02/02/2015**

ProgressNotes :

K/C/O Sqamous cell Carcinoma right side of tongue.

PROCEDURE DONE :

1. Wide local Excision Rt lateral border tongue (mandibulotomy approach)+ bilateral neck dissection (I-IV)+ Free ALT flap reconstruction + tracheostomy on 1/1/2015.

2. Reexploration done on 14-01-2015 under GA

First post op visit

o/e

neck wound - sutures to be removed

flap healthy ; in position

HPE -pTNM stage pT3 N1

Advised ; radiation oncology consult; adjuvant RT

patient wants to do it from calicut; REFERRED to Dr Sasindhran

Reassured

Review after one month

**Date :15/05/2015**

ProgressNotes :

K/C/O Sqamous cell Carcinoma right side of tongue.

PROCEDURE DONE :

1. Wide local Excision Rt lateral border tongue (mandibulotomy approach)+ bilateral neck dissection (I-IV)+ Free ALT flap reconstruction + tracheostomy on 1/1/2015.

2. Reexploration done on 14-01-2015 under GA for anastomotic blow out

First post op visit

o/e

neck wound - sutures to be removed

flap healthy ; in position

HPE -pTNM stage pT3 N1

adjuvant RT

patient wanted to do it from calicut; was REFERRED to Dr Sasindhran

first visit after Adjuvant RT completion:date 1/4/2015- IMRT

60 gy in 30 #

l/e: minimal oedema in the surgical site , left stitches in oral cavity was removed at the same hospital 0n 6/5/2015

CSB Dr Iyer

ADV:

follow up monthly

reassurance

Reassured

Review after one month

Signed By:Adharsh A

**Date :21/08/2015**

ProgressNotes :

K/C/O Squamous cell Carcinoma right side of tongue. PROCEDURE DONE : 1. Wide local Excision Rt lateral border tongue (mandibulotomy approach)+ bilateral neck dissection (I-IV)+ Free ALT flap reconstruction + tracheostomy on 1/1/2015. 2. Reexploration done on 14-01-2015 under GA for anastomotic blow out First post op visit o/e neck wound - sutures to be removed flap healthy ; in position HPE -pTNM stage pT3 N1 adjuvant RT patient wanted to do it from calicut; was REFERRED to Dr Sasindhran

completion:date 1/4/2015- IMRT 60 gy in 30 #

on follow up there and here

complaints:occasional pain in right side of chin

l/e:

minimal erythema in the surgical site , post RT changes noted in neck , flap taken well

locoregionally - no e/o disease

diet - taking orally , intolerance to spicy foods

tongue tethered to floor

may need a release later

CSB Dr Deepak

ADV:

follow up monthly

OPG in december

Signed By:Adharsh A

**Date :16/11/2015**

ProgressNotes :

Squamous cell Carcinoma right side of tongue.

PROCEDURE DONE :

1. Wide local Excision Rt lateral border tongue (mandibulotomy approach)+ bilateral neck dissection (I-IV)+ Free ALT flap reconstruction + tracheostomy on 1/1/2015.

2. Reexploration done on 14-01-2015 under GA for anastomotic blow out

HPE -pTNM stage pT3 N1

adjuvant RT completion:date 1/4/2015- IMRT 60 gy in 30 # (in Calicut)

Had been advised release of tongue tethering to floor of mouth; has come for the same today.

Has noticed a small swelling over the neck scar recently.

O/E:

OC/OP: appears healthy. Tongue tethered to floor of mouth on right side.

S/B Dr SI

Patient able to communicate well.

Adv to review for release of tongue with graft placement after 2 more months.

Scar swelling to be excised then.

Signed By:Dr.Dhanya Ramachandran

**Date :27/01/2016**

ProgressNotes :

Squamous cell Carcinoma right side of tongue.

PROCEDURE DONE : 1. Wide local Excision Rt lateral border tongue (mandibulotomy approach)+ bilateral neck dissection (I-IV)+ Free ALT flap reconstruction + tracheostomy on 1/1/2015.

2. Reexploration done on 14-01-2015 under GA for anastomotic blow out

HPE -pTNM stage pT3 N1 adjuvant RT completion:date 1/4/2015- IMRT 60 gy in 30 # (in Calicut)

Had been advised release of tongue

O/E:

OC/OP: ned, Tongue tethered to floor of mouth on right side

S/B Dr SI sir

counselled regarding need for HBO therapy

to plan 5days of HBO -- release of tongue with FTSG -- 5days of HBO.

to plan in may, review in april

Signed By:Dr. Mahamaya Prasad Singh

**Date :27/01/2016**

ProgressNotes :

Squamous cell Carcinoma right side of tongue.

PROCEDURE DONE : 1. Wide local Excision Rt lateral border tongue (mandibulotomy approach)+ bilateral neck dissection (I-IV)+ Free ALT flap reconstruction + tracheostomy on 1/1/2015.

2. Reexploration done on 14-01-2015 under GA for anastomotic blow out

HPE -pTNM stage pT3 N1 adjuvant RT completion:date 1/4/2015- IMRT 60 gy in 30 # (in Calicut)

Had been advised release of tongue

O/E:

OC/OP: ned, Tongue tethered to floor of mouth on right side

S/B Dr SI sir

counselled regarding need for HBO therapy

to plan 5days of HBO -- release of tongue with FTSG -- 5days of HBO.

to plan in may, review in april

Signed By:Dr. Mahamaya Prasad Singh

**Date :04/04/2016**

ProgressNotes :

Squamous cell Carcinoma right side of tongue.

S/P Wide local Excision Rt lateral border tongue (mandibulotomy approach)+ bilateral neck dissection (I-IV)+ Free ALT flap reconstruction + tracheostomy on 1/1/2015.

S/P Reexploration done on 14-01-2015 under GA for anastomotic blow out

HPE -pTNM stage pT3 N1 adjuvant RT completion:date 1/4/2015- IMRT 60 gy in 30 # (in Calicut) Had been advised release of tongue

was adviced - release of tongue with FTSG and 5days of HBO in may.but patient wants to postpone the procedure to december.

USG thyroid -09/3/16:done outside

small LN on left side of neck at level 3 with normal morphology ?doubtful significance

solitary nodule in thyroid isthmus-suggestive of adenoma

O/E:

S/B Dr Iyer

OC/OP:Tongue tethered to floor of mouth on right side

neck:NAD

adv:

to repeat USG neck here after 2 months.

Signed By:Dr.Sania Mariam Abraham

**Date :04/04/2016**

ProgressNotes :

Squamous cell Carcinoma right side of tongue.

S/P Wide local Excision Rt lateral border tongue (mandibulotomy approach)+ bilateral neck dissection (I-IV)+ Free ALT flap reconstruction + tracheostomy on 1/1/2015.

S/P Reexploration done on 14-01-2015 under GA for anastomotic blow out

HPE -pTNM stage pT3 N1 adjuvant RT completion:date 1/4/2015- IMRT 60 gy in 30 # (in Calicut) Had been advised release of tongue

was adviced - release of tongue with FTSG and 5days of HBO in may.but patient wants to postpone the procedure to december.

USG thyroid -09/3/16:done outside

small LN on left side of neck at level 3 with normal morphology ?doubtful significance

solitary nodule in thyroid isthmus-suggestive of adenoma

O/E:

S/B Dr Iyer

OC/OP:Tongue tethered to floor of mouth on right side

neck:NAD

adv:

to repeat USG neck here after 2 months.

Signed By:Dr.Sania Mariam Abraham

**Date :20/06/2016**

ProgressNotes :

Squamous cell Carcinoma right side of tongue. S/P Wide local Excision Rt lateral border tongue (mandibulotomy approach)+ bilateral neck dissection (I-IV)+ Free ALT flap reconstruction + tracheostomy on 1/1/2015. S/P Reexploration done on 14-01-2015 under GA for anastomotic blow out HPE -pTNM stage pT3 N1 adjuvant RT completion:date 1/4/2015- IMRT 60 gy in 30 # (in Calicut) Had been advised release of tongue was adviced - release of tongue with FTSG and 5days of HBO in may.but patient wants to postpone the procedure to december.

O/E: Tongue tethered to right floor of mouth, no lesions, neck normal

USG (as discussed on phone):thyroid hyperechoic nodule 6x7 mm isthmus, benign left level III node

loose tooth + To (show Dr. Nitin)

S/B Dr. SI

Advice: Follow up

Patient wants to defer tongue tie procedure to next holiday

Adv: USG neck after 2 months and to review

Signed By:Dr. Subramania Iyer

**Date :22/08/2016**

ProgressNotes :

Reviewed

Squamous cell Carcinoma right side of tongue.

S/P Wide local Excision Rt lateral border tongue (mandibulotomy approach)+ bilateral neck dissection (I-IV)+ Free ALT flap reconstruction + tracheostomy on 1/1/2015.

S/P Reexploration done on 14-01-2015 under GA for anastomotic blow out

HPE -pTNM stage pT3 N1

adjuvant RT completion:date 1/4/2015- IMRT 60 gy in 30 # (in Calicut)

Had been advised release of tongue with FTSG and 5days of HBO in may- patient wants to postpone the procedure

Last visit in June 2016 -Tongue tethered to right floor of mouth, no lesions, neck normal USG:thyroid hyperechoic nodule 6x7 mm isthmus, benign left level III node loose tooth

Today reviewed with repeat USG neck as advised

Verbally reported as Thyroid nodule status quo

Few rounded nodes with loss of fatty lilum at level III and IV Right side

Advised follow-up USG and FNAC

No other fresh complaints at present

O/E:

OC/OP: NAD

ADV: USG guided FNAC

Signed By:Dr. Subramania Iyer

**Date :29/08/2016**

ProgressNotes :

Squamous cell Carcinoma right side of tongue. S/P Wide local Excision Rt lateral border tongue (mandibulotomy approach)+ bilateral neck dissection (I-IV)+ Free ALT flap reconstruction + tracheostomy on 1/1/2015. S/P Reexploration done on 14-01-2015 under GA for anastomotic blow out HPE -pTNM stage pT3 N1 adjuvant RT completion:date 1/4/2015- IMRT 60 gy in 30 # (in Calicut)

Had been advised release of tongue with FTSG and 5days of HBO in may- patient wants to postpone the procedure

Last visit in july 2016 -Tongue tethered to right floor of mouth, no lesions, neck normal USG:thyroid hyperechoic nodule 6x7 mm isthmus, benign left level III node loose tooth Today reviewed with repeat USG neck as advised Verbally reported as Thyroid nodule status quo Few rounded nodes with loss of fatty lilum at level III and IV Right side

Advised follow-up USG and FNAC

USG neck done :

\* Few suspicious round hypoechoic nodes in left level IV/ supraclavicular level with loss of fatty hilum. Suggest FNAC / follow up.

\* Both lobes of thyroid and submandibular gland shows features of thyroiditis- likely to be rediation induced.

\* The benign nodule in the isthmus of thyroid as described in text remains status quo as compared to previous study.

\* Atherosclerotic intimal medial thickening of bilateral common carotid artery.

FNAC from thyroid:

Category V - suspicious for pap Ca thyroid

l/e:

tongue tethered to FOM

speech -ok

taking orally well

neck - NAD

CSb Dr Iyer sir

ADV:

Signed By:Adharsh A

**Date :29/09/2016**

ProgressNotes :

Squamous cell Carcinoma right side of tongue. S/P Wide local Excision Rt lateral border tongue (mandibulotomy approach)+ bilateral neck dissection (I-IV)+ Free ALT flap reconstruction + tracheostomy on 1/1/2015. S/P Reexploration done on 14-01-2015 under GA for anastomotic blow out HPE -pTNM stage pT3 N1 adjuvant RT completion:date 1/4/2015- IMRT 60 gy in 30 # (in Calicut) Had been advised release of tongue with FTSG and 5days of HBO in may- patient wants to postpone the procedure Last visit in july 2016 -Tongue tethered to right floor of mouth, no lesions, neck normal USG:thyroid hyperechoic nodule 6x7 mm isthmus, benign left level III node loose tooth Today reviewed with repeat USG neck as advised Verbally reported as Thyroid nodule status quo Few rounded nodes with loss of fatty lilum at level III and IV Right side Advised follow-up USG and FNAC USG neck done : \* Few suspicious round hypoechoic nodes in left level IV/ supraclavicular level with loss of fatty hilum. Suggest FNAC / follow up. \* Both lobes of thyroid and submandibular gland shows features of thyroiditis- likely to be rediation induced. \* The benign nodule in the isthmus of thyroid as described in text remains status quo as compared to previous study. \* Atherosclerotic intimal medial thickening of bilateral common carotid artery. FNAC from thyroid: Category V - suspicious for pap Ca thyroid l/e: tongue tethered to FOM speech -ok taking orally well neck - NAD

CSb Dr Iyer sir USG neck reviewed

ADV:

Total Thyroidectomy + Tongue release (tongue tethered to FOM) + full thickness skin graft.

Pre Op Ix, PAC, Date given.

**Date :19/10/2016**

ProgressNotes :

Surgery: Total Thyroidectomy + Tongue contracture release + FTSG under GA

Surgeons: Dr iyer , Dr Shashikant , Dr Swapnil

Procedure: Under GA , with nasotracheal intubation. Transverse skin crease incision kept. Subplatysmal flap raised , Straps lateraly retracted on left side. sternothyroid cut at throid lamina. Sup laryngeal nerve (Type I-) . sup thyroid Pedicle ligated. sup parathyroid identified and preserved. RL Nerve identified at entry point. Lobe mobilised . Same procedure done on right side. Total thyroidectomy done. Drain Fr 14 kept. Wound closed in layers. Tongue contracture at right ALT flap and fOM released. 4x3 cm FTSG from left groin harvested and sutured in between tongue and FOM area . Groin defect closed primarily.

**Date :28/10/2016**

ProgressNotes :

Papillary carcinoma thyroid and known SCC right side of tongue

PROCEDURE DONE :

Total Thyroidectomy + Tongue contracture release + FTSG under GA on 18.10.16

Known case of Squamous cell Carcinoma right side of tongue.

S/P Wide local Excision Rt lateral border tongue (mandibulotomy approach)+ bilateral neck dissection (I-IV)+ Free ALT flap reconstruction + tracheostomy on 1/1/2015.

S/P Re exploration done on 14-01-2015 under GA for anastomotic blow out

HPE -pTNM stage pT3 N1

adjuvant Radio therapy completion on 1/4/2015- (in Calicut)

HPE Report : Papillary Carcinoma, follicular variant (isthmus) - Tumor measures 1.2cm & 0.3 cms in greatest diameter. - follicular Variant - Multifocal lesion - Desmoplastic fibrosis noted - Infiltrative borders noted focally - Poorly differentiated areas not seen - No lymphovascular emboli / perineural invasion seen - Extrathyroidal extension into fat seen. - single reactive node seen free of tumor. - Both the lobes of thyroid shows nodular goitre with lymphocytic thyroiditis. - Parathyroid tissue seen along the right lower pole. B. Prelaryngeal node - Shows reactive changes. pT3mN0

Came for review

Neck wound healthy

Oral cavity - slough+

**Date :14/11/2016**

ProgressNotes :

Papillary carcinoma thyroid and known SCC right side of tongue

S/P Total Thyroidectomy + Tongue contracture release + FTSG under GA on 18.10.16

Known case of Squamous cell Carcinoma right side of tongue.

S/P Wide local Excision Rt lateral border tongue (mandibulotomy approach)+ bilateral neck dissection (I-IV)+ Free ALT flap reconstruction + tracheostomy on 1/1/2015. S/P Re exploration done on 14-01-2015 under GA for anastomotic blow out

HPE -pTNM stage pT3 N1 Adjuvant Radio therapy completion on 1/4/2015- (in Calicut)

Total thyroidectomy HPE: Papillary Carcinoma, follicular variant (isthmus) pT3mN0 . TB decision : RIA . Came for follow-up . on eltroxin 100mcg 1-0-0 o/e: oral cavity: ned. neck: submental contracture+. thyroidectomy scar +. no LN palpable. case seen by DR SI sir , Advice: RIA, wants to take the same BMH, CALICUT. Dr Vasantha maam

Signed By:Dr. Samskruthi P Murthy

**Date :23/01/2017**

ProgressNotes :

Papillary carcinoma thyroid and known SCC right side of tongue S/P Total Thyroidectomy + Tongue contracture release + FTSG under GA on 18.10.16 Known case of Squamous cell Carcinoma right side of tongue. S/P Wide local Excision Rt lateral border tongue (mandibulotomy approach)+ bilateral neck dissection (I-IV)+ Free ALT flap reconstruction + tracheostomy on 1/1/2015. S/P Re exploration done on 14-01-2015 under GA for anastomotic blow out HPE -pTNM stage pT3 N1 Adjuvant Radio therapy completion on 1/4/2015- (in Calicut) Total thyroidectomy HPE: Papillary Carcinoma, follicular variant (isthmus) pT3mN0 . TB decision : RIA . Came for follow-up . on eltroxin 100mcg 1-0-0 o/e: oral cavity: ned. neck: submental contracture+. thyroidectomy scar +.

Has taken RIA from BMH, Calicut.

Completed on 6/1/2017.

Has been put on thyronorm 150mcg.

Scintigraphy shows:

Significant amount of residual thyroid tissue present in the neck region.

Signed By:Dr. Subramania Iyer

**Date :23/10/2017**

ProgressNotes :

Doing well

continue thyroxine

R/V after 6 months

**Date :09/04/2018**

ProgressNotes :

Known case of Squamous cell Carcinoma right side of tongue. S/P Wide local Excision Rt lateral border tongue (mandibulotomy approach)+ bilateral neck dissection (I-IV)+ Free ALT flap reconstruction + tracheostomy on 1/1/2015. S/P Re exploration done on 14-01-2015 under GA for anastomotic blow out HPE -pTNM stage pT3 N1

Adjuvant Radio therapy completion on 1/4/2015- (in Calicut)

Papillary carcinoma thyroid and known SCC right side of tongue S/P Total Thyroidectomy + Tongue contracture release + FTSG under GA on 18.10.16

Total thyroidectomy HPE: Papillary Carcinoma, follicular variant (isthmus) pT3mN0 . received RIA in calicut?

. Came for follow-up .

o/e: oral cavity: ned. neck:ned. thyroidectomy scar +. no LN palpable.

case seen by DR SI sir

Advice:review after 6 months

**Date :08/10/2018**

ProgressNotes :

Known case of Squamous cell Carcinoma right side of tongue. S/P Wide local Excision Rt lateral border

tongue (mandibulotomy approach)+ bilateral neck dissection (I-IV)+ Free ALT flap reconstruction +

tracheostomy on 1/1/2015. S/P Re exploration done on 14-01-2015 under GA for anastomotic blow out HPE

-pTNM stage pT3 N1

Adjuvant Radio therapy completion on 1/4/2015- (in Calicut)

Papillary carcinoma thyroid and known SCC right side of tongue S/P Total Thyroidectomy + Tongue

contracture release + FTSG under GA on 18.10.16

Total thyroidectomy HPE: Papillary Carcinoma, follicular variant (isthmus) pT3mN0 . received RIA in

calicut?

. Came for follow-up .

o/e: oral cavity: ned.

neck:ned. thyroidectomy scar +.

no LN palpable.

case seen by DR SI sir

Advice:CXR

review after 6 months

**Date :06/05/2019**

ProgressNotes :

Known case of Squamous cell Carcinoma right side of tongue.

S/P Wide local Excision Rt lateral border tongue (mandibulotomy approach)+ bilateral neck dissection (I-IV)+ Free ALT flap reconstruction + tracheostomy on 1/1/2015.

S/P Re exploration done on 14-01-2015 under GA for anastomotic blow out

HPE -pTNM stage pT3 N1 Adjuvant Radio therapy completion on 1/4/2015- (in Calicut) Papillary carcinoma thyroid and known SCC right side of tongue

S/P Total Thyroidectomy + Tongue contracture release + FTSG under GA on 18.10.16

Total thyroidectomy

HPE: Papillary Carcinoma, follicular variant (isthmus) pT3mN0 . received RIA in calicut? . Came for follow-up .

csb SI sir

better now

plan- endocrinology consultation for further management

Signed By:Dr. Subramania Iyer