**Progress Notes -115**

**Date :03/03/2020**

ProgressNotes :

Erythrocytosis - Jak 2 V617F - Negative Modal Karyotype: 46,XY[20]

FISH for BCR- ABL : negative [4 sessions of Venesection done , last was on 11/12/2019]

Bone marrow biopsy:Normo - hypocellular marrow

Type 2 DM

Oral ulcer- biopsy shows Moderately differentiated Squamous cell carcinoma.

Last counts- Hb-14.9 ( 2nd week of February)

Plan-1) Tab Aspirin 75mg od

2) CBC today

3) D/w Dr Arun Philip- To be seen in Head and neck Dept.

Signed By:Dr.Manoj Unni

**Date :03/03/2020**

ProgressNotes :

42 year old male patient, works in soda company in Perumbavor.

He had a h/o ulcer right side of the tongue 5 months ago. Non healing. Painful.

Was incidentally detected to have high Hemoglobin (Hb-21.5).

Erythrocytosis under evaluation [4 sessions of Venesection done , last was on 11/12/2019], Type 2 DM

underwent biopsy twice, referred here for further management

o/e-

KPS 80

mouth opening adequate

ulcerative lesion measuring 3x2cm lesion right lateral side of tongue, 2 cm from tip, posteriorly reaching till TL sulcus. indurated, induration reaching midline and fom. BOT supple

scopy-bot vallecula free. cords mobile

neck- right level Ib 1x1cm mobile node.

biopsy dtd 10/1/2020 was negative, then repeat biopsy taken dtd 27.2.2020, metropolis(3735/20)- md scc

imp ca tongue cT3N1Mx

s/b Dr DB

plan MRI HN , CT chest plain

PAC

hemat, endo clearance

to get ESI clearance

will need WLE, rt SND, STF

d/w Dr Manoj-to maintain HCT <45, might need venesection to attain this. To give hemat consult after cbc, 1 week prior to surgery

**Date :11/03/2020**

ProgressNotes :

For surgery tomorrow,

scaling done.

to report with OPG to plan extraction during surgery.

**Date :12/03/2020**

ProgressNotes :

Diagnosis: Carcinoma tongue

Procedure: Subtotal Glossectomy (Mandibulotomy approach) + B/L SND (levels I-IV) + RAFF + ALT Flap + Tracheostomy under GA done on 12.03.2020

Surgeons: Dr. SI/Dr. DB, Dr. Jana, Dr. Ridhi, Dr. Nisha, Dr. Shravan, Dr. Abhinandan, Dr. Tejal

Under GA, via nasotracheal intubation, position given, parts painted and draped. Midline lip split incision made and continued to the neck. Cheek flap elevated over the mandible. Preplating done using 2.5mm non recon plates. Mandibulotomy done between 42,43. WLE of the primary tumor done keeping adequate margins in all three dimensions. Floor of mouth included in the specimen. Hemostasis achieved. Tracheostomy done.

Subplatysmal flaps elevated over the neck on both sides. Multiple enlarged nodes seen in B/L level IB, II, III, IV. Fibrofatty tissue cleared from levels I-IV on both sides. Bilateral IJV, SAN and SCM preserved. e/o chyle leak on left side. Facial artery identified and ligated for anastamosis on right side. Right facial vein not identified. Hemostasis achieved.

**Date :12/03/2020**

ProgressNotes :

Dr.Janarthanan, Dr.Shravan, Dr.Nisha, Dr.Riddhi

ALT free flap cover+Radial free forearm flap cover under GA

ALT free flap:

Dimensions: 25X7cms Lt thigh. After drapping and marking, The axis of the surface of the septum between the rectus femoris and the vastus lateralis is marked by a line connecting the anterior superior iliac spine and the lateral patella. Medial skin incision is given. Vastus lateralis and rectus femoris identified and lateral intermuscular septum identified. Dissection done along the septum to see the descending branch of lateral femoral circumflex vessels. Identified the musculocutaneous perforators. Incision committed posteriorly and vessel dissection done to the lateral femoral circumflaex vessels. Haemostasis secured. Flap harvested and anastomes to facial artery, tributory of IJV. Donor area closed primarily done after placing a 14F drain.

Flap did not bleed after anastomoses and hence radial forearm free flap was taken.

Radial forearm free flap:

Dimensions:8X6cms cm marked on Lt hand after draping and marking, tornique applied. Medial longitudinal skin incision is given. Subfascial dissection done medial to lateral using tenotomy scissors without damaging the medial antebrachial cutaneous nerve traveling in the muscular fascia. As dissection proceeds laterally, subfascial dissection done over the palmaris longus tendon and the flexor carpi radialis tendon without damaging the paratenon on these tendons. The radial longitudinal skin incision given and performed lateral-to-medial subfascial dissection over the large brachioradialis. The dorsal radial nerve is preserved. Brachioradialis tendon is widely undermined the and retracted it laterally. The radial artery pedicle is dissected distally. The cephalic vein is included in the harvest. Fasciocutaneous paddle is pedicled by only the lateral intermuscular septum and the radial artery pedicle. Proximally, incision from the skin paddle to the antecubital fossa is given. Then, performed subcutaneous dissection to elevate skin flaps medially and laterally. Followed the radial artery pedicle to the antecubital fossa using microclips or bipolar cautery on small vascular branches between the pedicle and underlying musculature. Flap harvested and anastomosis done to facial artery and tributory to IJV and EJV. Haemostasis secured. Donor area closed with SSG . Flap inset done to form the floor of mouth using 3-0 vicryl

**Date :17/03/2020**

ProgressNotes :

Dr.Janarthanan, Dr.Shravan

Flan trimming under GA

-Parts painted and drapped

-Anterior tip of flap projecting beyond the central incisors

-Approximately 2cms de-epithelialised and sutured using 3-0 vicryl

-Hemostasis ensured

**Date :23/03/2020**

ProgressNotes :

Patient seen as IP for Blend Trial.

Diagnosis: Carcinoma tongue

Procedure: Subtotal Glossectomy (Mandibulotomy approach) + B/L SND (levels I-IV) + RAFF + ALT Flap + Tracheostomy under GA done on 12.03.2020

On examination;

Patient is oriented, stable, alert

On NGT post surgery.

Able to comprehend commands

No facial weakness

OPME:

Trismus: Nil.

Lips: Seal present, symmetry.

Tongue: Flap+.

Palate: Movements present, no deviation.

Gag: Present bilaterally.

On blend trial ~3cc via spoon with head elevated back:

Swallow initiation: Slightly delayed.

Minimal oral residue.

Multiple swallow+

No post swallow cough.

No post swallow voice change.

No post swallow distress noted.

No signs of penetration/ aspiration.

Impression: FIT FOR ORAL FEEDS (BLEND DIET and Liquids.)

Plan:

To start orally blend diet (slowly increase the quantity and frequency)

Maintain adequate oral hygiene

Maintain adequate posture when feeding

Avoid lying down soon after feeds

Report in case of fever spikes/chest infection/respiratory distress

Review SOS.

Done and Entered by: Merin

**Date :04/06/2020**

ProgressNotes :

Case reviewed as Out patient

Referred from Radiation oncology

OCCUPATION :working in Soda factory

HABITS:Nil

DIET:liquid and thin blend

INFORMANT :self and wife

MEDICAL BACKGROUND

DIAGNOSIS : Carcinoma tongue

AJCC staging- pT4aN0

PROCEDURE DONE :

Subtotal Glossectomy (Mandibulotomy approach) + B/L SND (levels I-IV) + RAFF + ALT Flap + Tracheostomy under GA done on 12.03.2020 (Head and Neck Major Resection + Neck Dissection + Reconstruction for cancer defect Grade II) Flap trimming under GA on 17.03.2020.(Head and Neck -Ancillary Reconstructive procedure)

RT Commencement: Date:29.04.2020.

Planned RT Dose:60Gy in 30 fractions

Tx Regions: PTV-60Gy(Tongue+Bilateral level 1,II,III IVa PTV-54Gy B/L Level IVb,V and VI

DYSPHAGIA HISTORY:

post surgery was on NGT resolved without active rehabilitation

on oral feeds

PRESENTING COMPLAINTS

C/o cough

c/o thick secretions

ON EXAMINATION

GCS:E4V5M6

Conscious,oriented,stable

On oral feeds

Tracheostomy status :post surgery decannulated

Able to comprehend commands

Able to walk without support

No facial palsy

Saturation level:adequate

cervical auscultation & chest :clear

ORAL PERIPHERAL MECHANICAL EXAMINATION:

ORAL CAVITY EXAMINATION :NAD

MUCOSITIS:+

HALITOSIS:nil

TRISMUS:3 finger gap present

LIP:Seal present,movements

TONGUE:Flap Movements restricted

PALATE:on phonation movements present

cough efficiency;good

speech;normal

perceptual quality of voice;gurgly

On oral trial :

3 cc Water Swallow Test done:

Clinically normal swallow

Adequate lip seal

No oral holding [oral apraxia ]

No signs of aspiration or penetration[throat clearing /cough]

Multiple swallow present

No post swallow voice change

No desaturations

IMPRESSION-FIT FOR ORAL FEEDS

PLAN

Continue on oral feeds [blend and liquid diet] ~3ml per bolus,posterior placement preferred

prophylactic pharyngocises adviced

Multiple swallow required

Practice supraglottic swallowing maneuvers

Avoid sequential swallow

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

review on Next tuesday[post RT]

Signed By:Arya C J

**Date :11/09/2020**

ProgressNotes :

patient reviewed

nil issues

plan:To review after 2 mnths

Signed By:Krishna Kumar T

**Date :25/01/2021**

ProgressNotes :

doing well

vocalising

intelligible speech

taking orally

o.e

neo tongue protuberant and good bulk

neck post rt fibrosis

plan

monthly review

Signed By:Dr. Deepak Balasubramaian

**Date :01/02/2021**

ProgressNotes :

reviewed with chest ct which shows a neoplastic mass

to meet Dr.Anoop

**Date :15/02/2021**

ProgressNotes :

Carcinoma Right Lateral Border of Tongue

S/P Subtotal Glossectomy (Mandibulotomy approach) + B/L SND

(levels I-IV) + RAFF + ALT Flap + Tracheostomy under GA done on 12.03.2020

pT4aN0M0

Well differentiated squamous cell carcinoma

Completed Post Operative Adjuvant radiation therapy using IGRT technique on 9/6/2020

Treatment breaks- Nil

Total Dose: 6000 cGy in 30 fractions

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post RT 8 months

CT chest done for right sided chest pain: Soft tissue density lesion in posterior segment of right upper lobe, superior and medial segment of right lower lobe with few mediastinal lymph nodes

CT guided lung biopsy -

- Non small cell carcinoma favours moderately differentiated squamous cell carcinoma

- Foci of necrosis present

- Lymphovascular emboli present.

Adv:

PET CT

Med Onc consultation