**Progress Notes -116**

**Date :17/05/2018**

ProgressNotes :

68 year old lady, a retired bank employee,

Diabetic on OHA

Hypertension

Diagnosed Carcinoma Tongue in May 2013.

Underwent WLE and nodal dissection on 15/5/2013 at RCC, Trivandrum (Dr Elizabeth)

No adjuvant treatment received.

Has been on regular clinical follow up.

Developed diffuse skeletal pain

Associated weight loss 60 Kgs --> 55 Kgs

a/w back pain

Now c/o right ear pain x 2month

a/w right side tongue pain

O/E KPs90

Oral : Mouth opening adequate tongue post resection status distorted with limited protrusion , Right lateral posterior third of togue induration 3cm x 2.5cm Reaching till midline dorsally and till 3cm away from tip

Neck : Healed scar of previous surgey

No palpable nodes

Scopy : BOt normal , B/L Vc mobile

CSBDr KK sir

PetCT advised from Medical oncology ECHS sanctioned

MRI Hand Neck contrast

Ct chest

Major Head and Neck Biopsy under GA

PAC

Cardiology, Endocrinology review

**Date :21/05/2018**

ProgressNotes :

Underwent WLE and nodal dissection on 15/5/2013 at RCC, Trivandrum (Dr Elizabeth)

No adjuvant treatment received.

Has been on regular clinical follow up.

Now presented with c/o pain in the region of previous biopsy and diffuse skeletal pain

CT chest(plain): No focal lung parenchymal lesions . Millimetric calcified nodule in right middle lobe - likely a healed granuloma .

O/E:

Tenderness + on the rt lateral border-posteriorly

Plan:Biopsy under GA

**Date :24/05/2018**

ProgressNotes :

Excision biopsy under GA

Patient positioned and draped. Tumor palpated-extending into base of tongue and filling almost whole of the tongue. Wedge and punch biopsy taken.Sent for HPR.

**Date :01/06/2018**

ProgressNotes :

Diagnosed Carcinoma Tongue with ?recurrence under evaluation

s/p Excision biopsy under GA on 24/05/2018- s/o recurrence

s/b Dr KK sir

plan- Ct HN with contrast

Total glossectomy+/- total laryngectomy with BL ND with stf (ALT) with PEG insertion

Usg abdomen for PEG

procedure explained to patient

PAC review

appointment

Signed By:Ridhi Sood

**Date :28/06/2018**

ProgressNotes :

Head and neck Major ressection+ Neck dissection+ Recondtruction for cancer defect grade I (Total glossectomy with total laryngectomy+ B/L ND with left PMMc reconstruction with PEG under GA)

Dr. KK sir/DrSamskruthi / DR Yogesh

Findings : Mouth opening adequate tongue post resection status distorted with limited protrusion , Right lateral posterior third of togue induration 3cm x 2.5cm Reaching till midline dorsally and involving FOM reaching BOT on right side,and till 3cm away from tip, , TLs free.

An intraoperative PEG done.

Resection notes;A horizontal neck crease incision taken

extension . A subplatysmal flap raised to right and left side and inferiorly .A visor approach done anteriorbellies of diagastric muscle and the mylohyoid muscle divided and separated from mandible . Mandibularperiosteum incise along the inferior border and softissue stripped off the medial aspect of mandible in

subperiosteal plane.flloor of mouth incise and tongue delivered into neck . Left Lateral orophaynx wide excision including soft palate lateral 1cm lateral to uvula Ant and post erior tonsillar pillars and tonsil done

enblock . tumour seen in preepiglottic space frozen section sent positive for tumour decision mede to proceed with laryngectomy .Inferiorly trachea expoised Inferior cut made two rings below the cricoid and airway switch was performed..Right paracarotid tunnel delineated after dividing the inferior belly

of omohyoid. Procedure repeated on left side as well. Bilateral superior laryngeal pedicles identified and clipped. Superiorly aspect of hyoid bone was exposed after dividing muscle attachment and the cornua exposed

and hooked up. On the right side, constrictor muscles were divided on the laryngeal framework and the PFS

mucosa was preserved, while on the left the a wide margin of constrictor muscles was taken with the specimen

and the PFS mucosa was not undermined. Posterior party wall was split to delineate the specimen. ost cricoid

mucosa incised and larynx separated form the esophagus belowEnblock specimen of Total glossectomy with

laryngectomy excised .B/L Level I -Iv Neck dissection completed Rt SEcured and remanant pharyngeal mucosa patched with withleft PMMC flap . RVD secured . Closure done in layers with small skin in midline

.

Reconstruction notes: Left PMMC flap marked with skin paddle size 15 cm X 12cm with pre -of oblique ellipse . the skin is incise around the skin paddle by bevelling radially and dissection extended till pectoralis major muscle.Skin paddle tacke with pectoralis mucle with surures the incision is extended along anterior axillary

fold to preserve the skin terriotory for DP flap. Skin then elveated till clavicle . Inferiorly skin elevate to expose lateral border of pectoralis major muscle .The Pectoralis muscle then freed along side sternum,

Dissection done along the lateral border of muscle and continued in the intermucular palne. Inferiorlly rectusmuscle sheath included in the flap. Dissection continued in the intermuscular plane and vascular pedicle

identified .With pedicle under view humeral attachment divided. Supraclavicular tunnel made and flap elivered in the neck .

skin paddle sutring to sremanant pharyngeal wall done

pharyngeal wall on left side . Skin paddle for tongue suture to madible with interdental stitches .RVD secured.Donor site closed in layers

Patient tolerated the procedure well

**Date :04/07/2018**

ProgressNotes :

Known case of carcinoma tongue with recurrence (Final HPR awaited)

PROCEDURE DONE :

Head and neck Major ressection+ Neck dissection+ Recondtruction for cancer defect grade I (Total glossectomy with total laryngectomy+ B/L ND with left PMMc reconstruction with PEG under GA)

tracheal stoma healthty

wound healed well

on peg feeds

to remove alternate sutures around stoma

Barium swallow today done- advised liquid and soft diet

final HPR awaited

HPR - T4 lesion

referred to Dr.Pushpaja for adjuvant RT

dentral prophylaxis

**Date :16/07/2018**

ProgressNotes :

Known case of carcinoma tongue with recurrence

Head and neck Major ressection+ Neck dissection+ Recondtruction for cancer defect grade I (Total glossectomy with total laryngectomy+ B/L ND with left PMMc reconstruction with PEG under GA)

HPR:Total Glossectomy + Laryngectomy + Left neck node dissection : - Consistent with recurrent moderately differentiated squamous cell carcinoma, tongue - Tumour size - 4x3.5x2.5cm - Depth of tumour - 2.5 cm - Tumour is seen infiltrating into base of tongue ,floor of mouth ,pre- epiglottic space and soft tissue anterior to hyoid. - No definitive PNI /LVE noted. - WPOI -Type V (3) - PNI - (0) - LHR - (1) - Histological risk assessment- - high - All margins are free of tumour, closest being right lateral and inferior soft tissue margins which are 0.1cm away - Right lateral mucosal margin tonsil and pharyngeal mucosal margin are free of tumor. - Larynx - preepiglottic space and tissue anterior to hyoid are involved Lymph nodes : All lymph nodes (0/16) - free of tumour

RT onging

C/o breathing difficulty ,cough

difficulty in swallowing

pt reassures

taught swallowing technique

ascoril sos

r/a 1 month

Signed By:Krishna Kumar T

**Date :14/09/2018**

ProgressNotes :

Carcinoma Tongue in May 2013 S/P: WLE and nodal dissection on 15/5/2013 at RCC, Trivandrum.

No Adjuvant treatment received.

Recurrence in June 2018

S/P: Total Glossectomy + Laryngectomy + Left neck node dissection (21/06/2018)

HPR : Recurrent moderately differentiated squamous cell carcinoma, Tongue Completed Concurrent chemoradiation therapy using IGRT tomotherapy.

RT Started on 23/7/2018 RT

Completed on 1/9/2018

Received 3 cycles of concurrent chemotherapy with Inj Carboplatin (AUC -2) 150 mg. Last was on 28/8/2018.

c/o dry cough

c/o pain around the stoma

o/e:

post rt erythema present.

?t.tube irritating tracheal mucosa - t.tbe removed.

advice:

review after 1wk

**Date :21/09/2018**

ProgressNotes :

Carcinoma Tongue in May 2013

S/P: WLE and nodal dissection on 15/5/2013 at RCC, Trivandrum.

No Adjuvant treatment received. Recurrence in June 2018

S/P: Total Glossectomy + Laryngectomy + Left neck node dissection (21/06/2018) HPR : Recurrent moderately differentiated squamous cell carcinoma, Tongue Completed Concurrent chemoradiation therapy using IGRT tomotherapy.

RT Started on 23/7/2018 RT Completed on 1/9/2018 Received 3 cycles of concurrent chemotherapy with Inj Carboplatin (AUC -2) 150 mg. Last was on 28/8/2018.

had c/o cough and pain around the stoma

o/e: post rt erythema present. ?t.tube irritating tracheal mucosa - t.tbe removed last week

on peg feeds

locoregionally ned

neck : post rt change

stoma patent

made to swallow orally - tolerating well

adv : geriatric consult for cough

to start orally

swallowing evaluation after 2 weeks

**Date :10/10/2018**

ProgressNotes :

Carcinoma Tongue in May 2013 S/P: WLE and nodal dissection on 15/5/2013 at RCC, Trivandrum. No Adjuvant treatment received.

Recurrence in June 2018 S/P: Total Glossectomy + Laryngectomy + Left neck node dissection (21/06/2018)

HPR : Recurrent moderately differentiated squamous cell carcinoma, Tongue Completed Concurrent chemoradiation therapy using IGRT tomotherapy.

RT Started on 23/7/2018 RT Completed on 1/9/2018 Received 3 cycles of concurrent chemotherapy with Inj Carboplatin (AUC -2) 150 mg. Last was on 28/8/2018.

s/b KK sir

came for r/w

has complaints of difficulty in swllowing,not taking orally

c/o back pain-since 3 days

o/e

pooling + in oro pharynx-? stricture

plan

swallowing evaluation Dr Vidhyadaran and Dr Jayakumar to see

to consider bone scan if LOB increases

to consider laryngectomy tube

**Date :11/10/2018**

ProgressNotes :

Carcinoma Tongue in May 2013 S/P: WLE and nodal dissection on 15/5/2013 at RCC, Trivandrum. No Adjuvant treatment received. Recurrence in June 2018 S/P: Total Glossectomy + Laryngectomy + Left neck node dissection (21/06/2018)

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Tongue Completed Concurrent chemoradiation therapy using IGRT tomotherapy.

RT Started on 23/7/2018 RT Completed on 1/9/2018 Received 3 cycles of concurrent chemotherapy with Inj Carboplatin (AUC -2) 150 mg. Last was on 28/8/2018.

has complaints of difficulty in swllowing,not taking orally

c/o back pain-since 3 days

o/e pooling + in oro pharynx-? stricture

opme:palate movements:normal

plan:VFSS

**Date :15/01/2019**

ProgressNotes :

Carcinoma Tongue diagnosed in May 2013

S/P: WLE and nodal dissection on 15/5/2013 at RCC, Trivandrum.

No Adjuvant treatment received.

Diagnosed to have recurrence ? second primary

s/p: Total Glossectomy + Laryngectomy + Left neck node dissection (21/06/2018) HPR : moderately differentiated squamous cell carcinoma Completed Concurrent chemoradiation therapy using IGRT Technique

Noi frsh complaints

O/E :

Larry tube insitu

Stoma healthy , Posterior tracheal wall mucosal erosion + probable tube impingement

Oral : PMMc flap sunken insitu

CSB D rKK sir

Adv

r/a 1 month

**Date :21/03/2019**

ProgressNotes :

Carcinoma Tongue diagnosed in May 2013 S/P: WLE and nodal dissection on 15/5/2013 at RCC, Trivandrum. No Adjuvant treatment received. Diagnosed to have recurrence ? second primary s/p: Total Glossectomy + Laryngectomy + Left neck node dissection (21/06/2018) HPR : moderately differentiated squamous cell carcinoma Completed Concurrent chemoradiation therapy using IGRT Technique

O/E : Larry tube insitu

Stoma healthy,

Oral : PMMc flap sunken insitu

cxr nad

CSB Dr KK sir

Adv r/a 1 month

**Date :07/06/2019**

ProgressNotes :

Carcinoma Tongue diagnosed in May 2013

S/P: WLE and nodal dissection on 15/5/2013 at RCC, Trivandrum. No Adjuvant treatment received.

Diagnosed to have recurrence / second primary

s/p: Total Glossectomy + Laryngectomy + Left neck node dissection (21/06/2018)

HPR : moderately differentiated squamous cell carcinoma Completed Concurrent chemoradiation therapy using IGRT Technique

CSB Dr KK

c/o Right neck, face and Ear pain - Recent onset (10days)

O/E :

Larry tube insitu

Stoma healthy,

Foul smell present in the oral cavity.

Poor oro-dental hygeine present with trismus.

Scopy - No growth seen

advice:

2wks - Antibiotics/Anti-inflammatory durges/Analgesics

T4/TSH

R/A 2WKS

If pain persists - Consider for PET scan