**Progress Notes-119**

**Date :24/10/2017**

ProgressNotes :

Hailing from Thrissur

oral ulcer x 3 weeks, increasing in size

has associated pain

has dental caries

Biopsy taken from outside- report moderately differentiated SCC

s/p maxillofacial surgery following RTA in 1993

had h/o chewing tobacco 8 yrs

alcohol +, on smoker

DM- on OHA- uncontrolled since 2 months

has family h/o Ca larynx (father)

o/e-

ulcerative lesion over the right lower gingivobuccal sulcus, extending into the alveolus and RMT

neck- swelling palpable, not separate from the mandible ? probabaly same lesion- adherent to bone

3x.5cm swelling over the hyoid

plan-

Slide review/dental consult

MRI H&N with contrast/ CT chest-plain

Segemental madibulectomy +neck dissection + fibular flap reconstrucion followed by RT

pre op workup including anaesthesia amd blood investogations

**Date :01/11/2017**

ProgressNotes :

for surgery.

OPG seen.

requires scaling

Extraction of 46,47.

**Date :07/11/2017**

ProgressNotes :

procedure- Right segmental mandibulectomy with bilateral neck dissection with thyroglossal cyst excision with free fibula flap reconstruction under GA

surgeons- Dr SI/KK/DB

findings- ulceroproliferative lesion over the right lower alveolus from 1st premolar to last molar sparing RMT, involving gingivobuccal sulcus, neck- 1a, bilateral level 1b. Rt level II nodes. 3 x 0.5cm cystic swelling over the hyoid

steps-

under GA with orotracheal intubation

under all aseptic precautions

lip split incision with transverse skin crease incision taken on both sides of neck, previous scar on rt side of neck included in the incision

cheek flap raised to expose mandible, keeping 1cm margin as depth from tumour

IMF done on left side

plate cut and molded to size

segmental mandibulectomy done- bony cuts made at level of lateral incisor and just behind last molar, anterior to angle of mandible, arch preserved by step osteotomy

specimen sent for HPE

bony defect 5x5cm and mucosal defect was approximately 8x5cm

reconstruction plate aligned in place with screws after achieving correct occlusion by IMF

subplatysmal flaps elevated superiorly and inferiorly

Right SND (levels I- IV) done. Spinal accessory nerve identified and preserved

Left SND (levels I-III) done. Spinal accessory nerve identified and preserved

thyroglossal cyst excision done by sistrunk procedure, tract delinated till base of tongue with removal of body of hyoid

specimen sent for HPE

hemostasis achieved

Suction drains kept on either sides

closure done in layers

G.I on abraded teeth.

**Date :15/11/2017**

ProgressNotes :

re-exploration notes :

dr jimmy sir , dr khyati

under GA wound opened. haematoma present. evacuated. anastomosis patent with good circulation to flap. open vein found near anastomosis which was clipped. wound closed in layers.

patient shifted to ICU for post op care.