**Date : 11/06/2018**

**ProgressNotes :**

For surgery.

seen in dental OPD.

requires scaling prior to RT

to report with OPG .

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 12/06/2018

**Received on :** 12/06/2018

**Reported Date :** 14/06/2018

**Clinical Impression :**

Carcinoma right buccal mucosa

**Gross Description :**

Received in formalin is a specimen labelled "Biopsy" consists of 2 tissue bits one measuring 0.5x0.5x0.3cm.

Other measuring 0.6x0.5x0.3cm. Entire specimen submitted in one cassette.

**Microscopic Description :**

Strips of papillary foldings of stratified squamous epithelium seen with epithelium showing moderate to full

thickness dysplasia. Minimal deeper tissue sampled.

**Impression :**

Carcinoma in situ, biopsy buccal mucosa.

Deeper biopsy maybe done as an invasive squamous cell carcinoma cannot be excluded

**Radiology Report**

**Created Date:** 12/06/2018

**Study Done:**

**MDCT CHEST PLAIN**

***Clinical Information: Case of carcinoma buccal mucosa.***

Bilateral lung parenchyma is normal.

No parenchymal / pleural based nodules.

No significant mediastinal lymphadenopathy.

Tracheobronchial tree is normal.

No pleural effusion.

Bones are normal.

Upper abdominal organs are unremarkable.

**Impression:**

**Case of carcinoma buccal mucosa to ruleout lung metastasis.**

• **No parenchymal/ pleural based nodules in bilateral lungs.**

**RADIOLOGY REPORT**

**Created Date:** 27/06/2018

**Study Done:**

**ULTRASOUND NECK**

Flap appear edemtous ,show fluid collection about 20 cc.

Another collection seen in the submandibular region on both sides about 5cc,

IJV and carotid artery are patent

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 22/06/2018

**Received on :** 22/06/2018

**Reported Date :** 28/06/2018

**Clinical Impression :**

Carcinoma buccal mucosa

**Gross Description :**

Received in formalin are 6 specimens.

The Ist specimen labelled "WLE buccal mucosa + Segmental mandibulectomy" consists of same ,right sided,

body and ramus of mandible identified with teeth. Whole specimen measures 14(AP)x7(ML)x11(SI)cm.

Overlying skin measures 10x10cm. Enlarged nodule on the surface of the skin with an ulceration of 1.5cm

noted. An ulceroproliferative lesion noted extending from right buccal mucosa to anterior skin and medial

submandibular salivary gland area measuring 9.5(SI)x4.5(ML)x6.5(AP)cm. Depth of the lesion 7cm. Lesion is

involving the submandibular salivary gland and is flushed onto the level IA lymph nodes.Tumor is seen invading

the bone.

Lesion is at a distance of

- 1cm from the anterior mucosal margin,

- 0.7cm from superior mucosal margin,

- 1.3cm from anterior mandibular margin,

- 3cm from posterior inked soft tissue margin.

- 0.5cm from anterior skin(nearest)

- 1cm from inferior skin margin

- 3.5cm from posterior skin margin and

- 1.5cm from superior skin margin

Lesion abuts the medial mucosal and posterior mucosal margins.

A cystic nodule filled with pus like material noted in the posterior soft tissue measuring 3.8x3.5x2.5cm.

Representative sections are submitted as follows:

A1 - Anterior mucosal margin

A2 - Superior mucosal margin

A3- Anterior ulcerative skin with underlying lesion

A4- Skin with anterior soft tissue shaved.

A5 - Skin with posterior soft tissue shaved.

A6 - Lesion with inferior soft tissue margin

A7 - Inferior skin and soft tissue shaved

A8 - Superior skin and soft tissue shaved

A9 - Posterior most inked soft tissue margin shaved.

A10 - Lesion with medial margin (submandibular region)

A11 - Lesion with level IA lymph node

A12 -Cyst wall adjacent solid area and a lymph node

A13 - Lymph nodes near the cyst

A14 - Lesion with adjacent salivary gland

A15 - Posterior mucosal margin with lesion

A16 - Lesion abutting the skin.

FB1 - Anterior mandibular margin(shaved)

FB2 - Posterior bony margin(shaved)

FB3 - Mandible with lesion

FB4 - Anterior skin margin radial

FB5 - Inferior skin margin radial

FB6 - Superior skin margin radial

FB7-9 - lesion with mandible

Specimen II labelled "Right anterior pillar margin" consists of single grey white tissue bits measuring

1x0.5x0.5cm. Entire specimen submitted in cassette B.

Specimen III labelled"Right level IV and V" consists of multiple nodular tissue bits in aggregate measuring

5x5x2cm. 2 lymph nodes identified, largest measuring 2x1.5x1cm. Other measuring 1.5x0.5cm.Representative

sections are submitted in cassettes C1 to C5.

Specimen IV labelled "Left level IB" consists of nodular tissue bit measuring 5x4x2cm. 2 lymph nodes

identified, largest measuring 2.5x1x0.5cm. Other measuring 1.5xd0.8x0.8cm. Salivary gland

identified.Representative sections are submitted in cassettes D1 to D4.

Specimen V labelled "Left level IIA" consists of single nodular tissue bit measuring 3x1.5x0.5cm. Entire

specimen submitted in cassette E.

Specimen VI labelled"Left level IV" consists of single nodular tissue bit measuring 2.5x2x1cm.Entire specimen

submitted in cassette F.

**Microscopic Description :**

A. Sections show an infiltrative neoplasm arising from oral mucosa arranged in thick trabeculae, nests and

cords.The cells are polygonal with round vesicular nucleus , 1-2 nucleoli and intercellular bridging. Mitosis 5/10

HPF. Keratin pearls and keratin noted. Stroma shows necrosis and neutrophilic abscess .The infiltrating front

show patchy moderate lymphocytic infiltrate along with plasma cells and neutrophils. The tumour cells at the

infiltrating front are in large nests. No definitive PNI/LVE noted.

The lesion is extending upto lateral skin. It is seen to abut the medial mucosal margin . Rest of the margins are

free of tumor.

**Impression :**

WLE right buccal mucosa and segmental mandibulectomy + additional margin and selective bilateral neck

dissection:

- Moderately differentiated squamous cell carcinoma, right buccal mucosa

- Tumour size :9.5x 6.5 x 4.5 cm(tumor flushed onto the level IB region)

- Tumour depth 7 cm

- Bony infiltration - seen

- Overlying skin in neck is involved by tumor.

- WPOI - Type 3 (0)

- LHR - Score 1

- PNI -Not seen

- 3 out of 6 attached level IB lymph nodes show metastasis with extranodal spread.

- Margins: Tumour abuts the medial mucosal margin

However additional anterior pillar margin is free of tumour

Rest all margins(mucosal, soft tissue and bony) are also free of tumour.

B. Right anterior pillar - Show tonsillar tissue with reactive lymphoid follicles; no evidence of dysplasia /

malignancy.

C. Right level IV and V - 1/11 lymph node show evidence of metastasis . No ENE noted

D. Left level IB - 2 lymph nodes show no evidence of metastasis.Salivary gland is unremarkable.

E. Left level IIA - 2 lymph nodes identified - free of tumour

F. Left level IV - No lymph nodes identified , fibrofatty tissue -free of tumour.

Stage pT4aN3b

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| **Date :**21/06/2018 |

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| **ProgressNotes :** |
| Right BM WLE + right hemi mandibulectomy + right RND + ALT flap + tracheostomy Under GA Findings: Right BM Ulceroproliferative lesion noted in BM involving RMT to ant short of 1.5 cm from Angle of mouth Lower GBS was involved Upper GBS not involved Skin involvement was present in Ib region (nodal infiltration to skin) Procedure: Under GA nasally intubated Painting and drapping done skin incision marked Incision given and skin flap elevated at cheek as well skin with platysma elevated at neck region, Lower end of SCM identified and cut from attachements upper end also separated, SAN sacrificed. IJV right sided was ligated. Clearance of all nodes from Level Ia, Ib, IIa, IIb, III, IV and V done with IJV, SAN and SCM Intra orally Cuts given with adequate margins. Right hemimandibulectomy was also done and specimen removed en-bloc. sent for HPR. wash given, hemostasis achieved. Defect was closed with ALT flap. RVD kept in neck and ALT donor site. Surgical wound closure done in layers. Elective tracheostomy done. Patient shifted to 11 ICU for post op care. |

**29/06/2018**

**ProgressNotes :**

k/c/o ca buccal mucosa {right}

stage:cT3N3b

s/p Right BM WLE + right hemi mandibulectomy + right RND + ALT flap + tracheostomy Under GA on

21-6-18

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O/e:

GCS:E4V5M6

Speech:dysarthric

voice:hoarse

tracheostomy decannulated

trismus + because of edema

on NGT feeds

Tolerating sips of water orally

poor oral hygiene

good volitional cough

OPME

lips;inadequate lip seal

tongue:restricted movements

palate& gag: couldnt be checked

On oral trial:head back and head tilt to left side aided in clinically normal swallow

blend diet tried with posterior placement with syringe,head back and head tilt to left side aided in clinically

normal swallow

Impression: minimal dysphagia

adv:

start on oral feeds

continue NGT suppliments

maintain oral hygiene

counselled the patient and bystanders to mainatain adequate position for feeding and compensatory feeding

mechanisms

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| **Date of Admission :**20/06/2018 | **Date of Procedure :**21/06/2018 |

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| **Date of Discharge :**02/07/2018 |

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| **Discharging Status :**FOLLOW UP DISCHARGE SUMMARY |

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| **DIAGNOSIS :** |
| Carcinoma buccal mucosa(HPR awaited) |

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| **PROCEDURE DONE :** |
| Right BM WLE + right hemi mandibulectomy + right RND + ALT flap + tracheostomy Under GA 21/06/2018 |

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| **HISTORY :** |
| Senthil Kumar,40 year old, male with no comorbidities came to our OPD with complaints of pain over right lower jaw since 20 days,because of pain he noticed a swelling behind last right lower tooth, which has been gradually progressive in nature.Also he gives a history of swelling over right side of neck and over right lower jaw since 7 days which is rapidly progressing in size. He also noticed the swelling ulceration with bleeding since 2 days. He was evaluated with these complaints in Coimbatore,where he was advised to undergo a CT scan which showed shows multiple necrotic nodes involving right level IA, IB, IIA , prefacial with nodal mass involving myelohyoid, compressing IJV, abutting mandible, hyoid and thyroid cartilage Hence he came here for further management. |

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| **CLINICAL EXAMINATION :** |
| o/e: KPS : 90 oral cavity- mouth opening good OSMF+ ulcerative lesion involving right buccal mucosa measuring 3x3cm extending to right RMT . cheek skin - normal ?right mandible body expansion neck : a large nodal mass measuring 4x4cm encompassing right level I and IB and right prefacial nodes + extending upto midline in submental region. skin is ulcerated. no peude orange appearnce. nodal mass is inferiorly abbutting hyoid right level IIA enlarged left level IB 1x2cm firm node + scopy: normal |

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| Surgical Pathology Report--12/06/2018 Impression : Carcinoma in situ, biopsy buccal mucosa. Deeper biopsy maybe done as an invasive squamous cell carcinoma cannot be excluded. MDCT CHEST PLAIN --12/06/2018 Impression: Case of carcinoma buccal mucosa to ruleout lung metastasis. No parenchymal/ pleural based nodules in bilateral lungs. |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| Patient with above mentioned complaints was admitted here. After all preliminary examinations and investigations his case was discussed in tumor board and planned for surgery. He Underwent Right BM WLE + right hemi mandibulectomy + right RND + ALT flap + tracheostomy Under GA on 21/06/2018 . He was shifted to ICU, His drain was removed and later was shifted to ward for post operative recovery.On POD 9 all his leg clips were removed. His swallowing assessment was done ,Since he was orally tolerating his ryles tube was removed on 1.7.18 His post operative period was uneventful. At the time of discharge:afebrile,stable. |

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| **OPERATIVE FINDINGS :** |
| Right BM WLE + right hemi mandibulectomy + right RND + ALT flap + tracheostomy Under GA Findings: Right BM Ulceroproliferative lesion noted in BM involving RMT to ant short of 1.5 cm from Angle of mouth Lower GBS was involved Upper GBS not involved Skin involvement was present in Ib region (nodal infiltration to skin) Procedure: Under GA nasally intubated Painting and drapping done skin incision marked Incision given and skin flap elevated at cheek as well skin with platysma elevated at neck region, Lower end of SCM identified and cut from attachements upper end also separated, SAN sacrificed. IJV right sided was ligated. Clearance of all nodes from Level Ia, Ib, IIa, IIb, III, IV and V done with IJV, SAN and SCM Intra orally Cuts given with adequate margins. Right hemimandibulectomy was also done and specimen removed en-bloc. sent for HPR. wash given, hemostasis achieved. Defect was closed with ALT flap. RVD kept in neck and ALT donor site. Surgical wound closure done in layers. Elective tracheostomy done. Patient shifted to 11 ICU for post op care. |

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| **ADVICE ON DISCHARGE :** |
| daily left thigh dressing daily bathing, keep right thigh dressing dry oral care |

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| **DIET RECOMMENDATIONS :** |
| blend oral diet |

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| **DISCHARGE MEDICATION :** |
| Tab.Pan 40 mg 1-0-0 X7 Days Tab.Dolo 650 mg 1-1-1 X 7Days then sos. Chlorohexidine mouth gargles TID |