**Created Date:** 20/04/2020

**Study Done:**

**CT CHEST-PLAIN**

Clinical information:55 year old male with carcinoma of left buccal mucosa.

No discrete nodules seen in the lungs bilaterally.

The hila are normal.

The tracheobronchial tree is normal.

Normal lung parenchyma.

No pleural pathology.

Chest wall is normal.

No significant lymph nodes.

**Impression:**

No lung nodules

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 24/04/2020

**Received on :** 24/04/2020

**Reported Date :** 28/04/2020

**Clinical Impression :**

C/O Ca left RMT

**Gross Description :**

Received in formalin are 13 specimens.

Ist specimen labelled as "WLE Left segmental mandibulectomy+ level 1 b node+ skin ", consists of same whole

measuring 9 cm (Superior to inferior)x7(Anterior to posterior) x5cm (Medial to lateral).Segment of mandible

identified (with 3 teeth), measuring 9x2.5x1.2cm. Segment of maxilla (with one tooth) identified, measuring

3x2x1.5cm. Left posterolateral and inferior (level IB region) aspect of specimen shows a portion of skin with a

raised nodule measuring 1.5x1.5x1.2cm.

A grey brown ulcerative lesion measuring 2.6x2.8x1.5cm is identified in the retro molar trigone extending to

upper GBS superiorly and the buccal mucosa anteriorly. Depth of the lesion is 1.5cm. This lesion is at a distance

of 2.2 cm from nodule.

On cutting through the nodule on skin ,an iirregular lesion with central necrosis is seen ;surrounding grey white

firm lesion is seen extending upto the angle of the mandible from skin and involving the submandibular salivary

gland. The lesion in the nodule is also abutting the peripheral soft tissue resection margins .

Lesion in the RMT is at a distance of

0.2cm from Anterior buccal mucosal and soft tissue margin

0.7cm from superior GBS mucosa and soft tissue margin

1.5cm from inferior GBS mucosal margin

1.5cm from medial alveolar mucosal and soft tissue margin mandible

1.2cm from the superior medial alveolar mucosal margin maxilla

1cm from the postero medial mucosal margin

0.4cm from the superolateral soft tissue margin

3cm from the infero lateral soft tissue margin

3.5cm from the posterior soft tissue margin and

2.2cm from superior soft tissue margin

5 cm from Anterior bony resection margin mandible

3 cm from posterior bony resection margin mandible

2.1 cm Anterior maxillary resection margin

2.3 cm from superior maxillary resection margin and

1.9 cm from medial maxillary resection margin

Representative sections are submitted as follows:-

A1-Anterior buccal mucosa & soft tissue margin(Radial)

A2-Specimen GB section mucosal & soft tissue margin(Radial)

A3-Inferior GBS mucosal & soft tissue margin (Shaved)

A4-Medial aleveolar mucosal & soft tissue margin (Shaved

A5-Supero medial alveolar mucosal margin(Maxilla)shaved

A6-Postero medal mucosal margin

A7-Supero lateral soft tissue margin (Radial)

A8-Infero lateral soft tissue margin (Radial)

A9-Posterior soft tissue margin (Radial)

A10-Superior soft tissue margin radial

A11-Inferior soft tissue margin radial

A12-Postero lateral skin (Radial)

A13-A15-Tumour proper from the buccal mucosa

A16-Superior half of the nodule with skin

A17-Superior half of the nodule near to the mandible and medial soft tissue

A18-Inferior half of the nodule near skin

A19-Inferior half of the nodule near mandible and medial soft tissue

A20-A22-Random bit from nodule

A23-Lesion with maximum depth in buccal mucosa

AFB1-Anterior skin margin radial

AFB2-Posterior skin margin radial

AFB3-Superior skin margin radial

AFB4-Inferior skin margin radial

AFB5-Anterior mandible resection margin shaved

AFB6-Posterior mandible resection margin shaved

AFB7-SuperoMedial maxillary resection margin shaved

AFB8-Supero anterior maxillary resection margin shaved

AFB9-Superior maxillary resection margin shaved

AFB10- AFB13-Nodular lesion near the angle of mandible

AFB 14- Lesion with upper alveolus

AFB15- Lower alveolus

AFB 16- Section between the lesion in the RMT and nodular lesion

AFB17-27 - lesion with upper alveolus

Specimen 2 labelled as "Superficial skin margin", consists of 2 fragments of skin largest measuring

1.7x0.5x0.2cm. Smallest measuring 1.3x0.5x0.2cm. Entire specimen submitted in cassette B.

Specimen 3 labelled as 'Additional deep margin", consists of yellowish tissue bit measuring 0.8x0.7x0.5cm.

Entire specimen submitted in cassette C.

Specimen 4 labelled as "Lower additional skin ", consists of strip of skin tissue measuring 2.2x0.3x.3cm. Entire

specimen submitted in cassette D.

Specimen 5 labelled as "Level Ia", consists of nodular fibrofatty tissue measuring 4x2.3x0.7cm. Grossly 4 lymph

node identified largest measuring 1cm. Smallest measuring 0.5cm in greatest dimension. Entire specimen

submitted in E1 to E3 cassettes.

E1-2 Lymph nodes

E2-2 Lymph nodes

E3-Fibrofatty tissue

Specimen 6 labelled as "Right level Ib", consists of multiple nodular fibrofatty tissue in aggregate measuring

4x2.5x1.5cm. Grossly 1 lymph node identified measuring 1cm in greatest dimension. Cut surface of the lymph

node appears grey white and gritty. Representative sections are submitted F1 to F3 cassettes.

F1-Largest lymph node bisected

F2-F3-Fibrous tissue

Specimen 7 labelled as "Left EJV node", consists of single nodular fibrofatty tissue measuring 1.8x1.2x0.5cm.

Entire specimen submitted in cassette G.

Specimen 8 labelled as "Left level IIa", consists of nodular fibrofatty tissue measuring 4x3x1cm. Grossly 4

lymph node s identified. Largest lymph node measuring 2.1x1.2x1cm. Smallest measuring 0.6cm in greatest

dimension. Cut surface of largest lymph node appears grey white and gritty. Representative sections are

submitted H1 to H5 cassettes.

H1-Largest lymph node bisected

H2-1 Lymph node bisected

H3-1 Lymph node bisected

H4-1 Lymph node

H5-Fibrofatty tissue

Specimen 9 labelled as "Left Level IIb", consists of nodular fibrofatty tissue measuring 2.2x1.8x1cm. Cut

surface of node appears grey white and gritty . Entire specimen submitted in J1 to J3 cassettes.

J1-Node bisected

J2-J3-Fibrofatty tissue

Specimen 10 labelled as "Left Level III", consists of multiple nodular fibrofatty tissue measuring 5x2.5x1.3cm.

12 lymph node identified largest measuring 2x1x1.2cm. Smallest measuring 0.6cm in greatest dimension. Cut

surface of largest lymph node appears grey white and gritty. Entire specimen submitted in K1 to K5 cassettes.

K1-K2-Largest node bisected

K3-4 Lymph nodes

K4-4 Lymph nodes

K5-3 Lymph nodes

Specimen 11 labelled as "Left Level IV", consists of nodular fibrofatty tissue measuring 3.5x2.5x1cm. 8 Lymph

node s identified largest measuring 0.8cm . Smallest measuring 0.4cm in greatest dimension. Entire specimen

submitted in L1 to L3 cassettes.

L1-3 Lymph nodes

L2-3 Lymph nodes

L3-2 Lymph nodes

Specimen 12 labelled as "Left level VA", consists of fibrofatty tissue measuring 2.5x2x1cm. Grossly no lymph

mode identified. Entire specimen submitted in cassette M.

Specimen 13 labelled as "Left Level VB', consists of nodular fibrofatty tissue measuring 4x2x1cm. Grossly 6

lymph node identified largest measuring 0.7cm . Smallest measuring 0.5cm in greatest dimension. Entire

specimen submitted in N1 to N3 cassettes.

N1-3 Lymph nodes

N2-Fibrofatty tissue

N3-Fibrofatty tissue

(Dr Meera/VS/gb)

**Microscopic Description :**

A] WLE Left Segmental mandibulectomy with level Ib node and skin

Section studied from the left buccal mucosa and RMT shows an infiltrating neoplasm composed of tumour cells

arranged in cords, trabeculae and small islands and single scattered. Individual cells have moderate amount of

pale eosinophilic cytoplasm, round to oval vesicular nuclei with prominent nucleoli showing moderate

pleomorphism. Extensive keratin production and keratin pearls seen. Scanty peritumoral lymphoid infiltrate is

seen at the interface.

Mitosis (2-3)/10 hpf.

Perineural invasion (PNI) noted- small and large nerves

No LVE seen

- Bony invasion: absent

- Adjacent salivary gland and muscle shows tumour infiltration

- Skin shows tumour infiltration

Margins - Tumour is almost abutting anterior buccal mucosal and ST (0.2 cm) and is close to lateral ST (0.4 cm)

.All bony margins are free of tumor. All skin margins are also free of tumor.

B] Superficial skin margin - Free of tumour

C] Additional deep margin - Free of tumour

D] Lower additional skin - Free of tumour

E] Level IA - 4 lymphnodes - Free of tumour

F] Left level IB - 1/1 Lymphnode shows metastatic deposit measuring 0.8 cm in greatest dimension. No ENE

noted. Salivary gland identified is also showing tumour infiltration.

G] EJV node - 1 lymphnode - Free of tumour

H] Left level II A - 2/5 lymphnodes show metastatic deposits measuring 1.3 cm in greatest dimension. No ENE

seen

J] Left level II B - 1/12 lymphnodes show metastatic deposits measuring 0.6 cm in greatest dimension. No ENE

seen

K] Left level III - 1/10 lymphnodes show metastatic deposit measuring 1.5 cm in greatest dimension with

perinodal spread.

L] Left level IV - 8 lymph nodes - Free of tumour

M] Left level VA - 5 lymph nodes - Free of tumour

N] Left level V B - 10 Lymph nodes - Free of tumour

Total Lymph nodes - 5/57 lymph nodes show metastatic deposit, largest measuring 1.3cm in greatest

dimension(left level III) with perinodal spread

**Impression :**

WLE left segmental mandibulectomy with infrastructure maxillectomy + left SND

- Moderately differentiated squamous cell carcinoma RMT extending to GBSulci & buccal mucosa

- Tumour size - 2.6x2.8x1.5cm

- Depth of invasion - 1.5cm

- PNI noted - score -3

- LHR - score -3

- WPOI - Pattern 4

- Risk group - High risk (3+3+1=7)

- No LVE seen

- Lymph nodes - Left level IB, Left level IIA, Left level IIB, Left level III shows metastatic tumour deposits with

perinodal spread, largest deposit measuring :1.3cm in greatest dimension with perinodal spread

- No bony invasion seen

-Margins: Tumour is almost abutting anterior buccal mucosal and soft tissue (0.2 cm) margin and is close to

lateral soft tissue (0.4 cm) margin . All bony margins are free of tumor. All skin margins are also free of tumor.

- Adjacent salivary gland and muscle with overlying skin in the level IB region shows tumour infiltration

- AJCC stage pT3N3b

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| **Date of Admission :**22/04/2020 | **Date of Procedure :**23/04/2020 |

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| **Date of Discharge :**04/05/2020 |

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

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| **DIAGNOSIS :** |
| Carcinoma Left RMT cT4aN3bMx. |

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| **PROCEDURE DONE :** |
| WLE (left segmental mandibulectomy with infrastuctural maxillectomy) left ND (levels I-V) with dental extraction, PMMC flap and tracheostomy done on 23.04.2020. (Head and Neck Major Resection + Reconstruction for cancer defect Grade I + Neck Dissection). |

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| **HISTORY :** |
| 55 year old gentleman, resident of Kollam, working as a businessman c/o toothache left upper jaw since 2 months h/o tooth loss from the same region c/o swelling over the left neck since 2 months, ulcerated through the skin since 1.5 months, painful h/o reduced mouth opening since 1 month h/o odynophagia + |

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| **PAST HISTORY :** |
| DM since 3 years, on insulin No h/o HTN/ DLP/ Asthma/ TB/ Seizures/ CAD / CVA / Thyroid Dysfunction No recent h/o fever and cough |

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| **PERSONAL HISTORY :** |
| Bowel and bladder normal Good effort tolerance |

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| **CLINICAL EXAMINATION :** |
| o/e: KPS 90 mouth opening 1 FB poor dental hygiene ulceroinfiltrative lesion over the left RMT extending just upto the soft palate medially, superiorly involving the upper GBS, anteriorly onto the BM reaching upto 36, inferiorly reaching upto the lower GBS but not involving it. Neck: 4x3cm swelling over the left level IB, firm-hard, fixed, 1x1cm skin ulceration , tender |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| The patient was admitted with above mentioned complaints. He underwent WLE (left segmental mandibulectomy with infrastuctural maxillectomy) left ND (levels I-V) with dental extraction, PMMC flap and tracheostomy under GA on 23.04.2020. His intra and post operative period was uneventful. Drains were removed by POD 4. All chest clips were removed by POD 10. He was given trial of oral feeds, however he had a leak from the neck wound site and thus oral feeds were discontinued. He is now being discharged in a stable and afebrile condition with the following advice. |

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| **OPERATIVE FINDINGS :** |
| Procedure- WLE (left segmental mandibulectomy with infrastuctural maxillectomy) left ND (levels I-V) with dental extraction, PMMC flap and tracheostomy Findings- ulcerative lesion approx 3x3cm left RMT, large level Ib node with ene adherent to mandible, with multiple nodes level Ia, Ib,IIa/b, III, IV and V under ga with all aseptic precautions. midline lip split incision taken with horizontal limb including area of involved skin over left level Ib node. flaps elevated and intraorally mucosal cuts made keeping 1cm margin around the lesion, WLE left buccal mucosal lesion done with bone cuts made at the level of 1st premolar and sub sigmoid notch. level ib found adherent to mandible included in the specimen, lateral pterygoid included in specimen as deep margin. superiorly infrastuctural maxillectomy done including last three molars. specimen excised in toto and sent for HPE. hemostasis achieved. left ND done with excision of levels I-V preserving spinal accessory nerve, IJV and SCM. multiple nodes level Ia, Ib,IIa/b, III, Iv and V were present. PMMC raised from left chest with skin paddle placed parasternally including nipple area measuring approx 7x10cm. skin paddle islanded over the pectoralis muscle. p muscle freed from its insertions- intercostal, sternal and humeral. medial and lateral pedicles identified. flap tunneled to neck in subplatysmal plane. Inset done to cover buccal mucosal defect. chest and neck closed primarily over suction drains. extraction of 14,17,47, 24 done (26,27,36,37,38 included in resection specimen). tracheostomy done. Procedure uneventful. |

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| **ADVICE ON DISCHARGE :** |
| Oral Care Wound Care |

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| **WHEN TO OBTAIN URGENT CARE:** |
| In case of fever/bleeding/infection/breathlessness. |

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| **DIET RECOMMENDATIONS :** |
| RTF @ 100cc/Hr, HPD. |

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| **PHYSICAL ACTIVITY :** |
| As tolerated. |

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| **DISCHARGE MEDICATION :** |
| \*All current medication have been reviewed and reconciled into the medication list. Tab. Ciplox 500mg 1-0-1 x 3 days Tab. Pan 40mg 1-0-0 x 3 days Tab. PCM 650mg 1-1-1 x 3 days, SOS hence |

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| **OPERATIVE FINDINGS :** |
| Procedure- WLE (left segmental mandibulectomy with infrastuctural maxillectomy) left ND (levels I-V) with dental extraction, PMMC flap and tracheostomy Findings- ulcerative lesion approx 3x3cm left RMT, large level Ib node with ene adherent to mandible, with multiple nodes level Ia, Ib,IIa/b, III, IV and V under ga with all aseptic precautions. midline lip split incision taken with horizontal limb including area of involved skin over left level Ib node. flaps elevated and intraorally mucosal cuts made keeping 1cm margin around the lesion, WLE left buccal mucosal lesion done with bone cuts made at the level of 1st premolar and sub sigmoid notch. level ib found adherent to mandible included in the specimen, lateral pterygoid included in specimen as deep margin. superiorly infrastuctural maxillectomy done including last three molars. specimen excised in toto and sent for HPE. hemostasis achieved. left ND done with excision of levels I-V preserving spinal accessory nerve, IJV and SCM. multiple nodes level Ia, Ib,IIa/b, III, Iv and V were present. PMMC raised from left chest with skin paddle placed parasternally including nipple area measuring approx 7x10cm. skin paddle islanded over the pectoralis muscle. p muscle freed from its insertions- intercostal, sternal and humeral. medial and lateral pedicles identified. flap tunneled to neck in subplatysmal plane. Inset done to cover buccal mucosal defect. chest and neck closed primarily over suction drains. extraction of 14,17,47, 24 done (26,27,36,37,38 included in resection specimen). tracheostomy done. Procedure uneventful. |

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| **HEAD AND NECK - TUMOUR BOARD** |

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|  | **TB Date:**  22/04/2020 |
| **Diagnosis date:**  20/04/2020 | **Tumour Type:** Primary |

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| |  | | --- | | **Presenting Complaints: Neck Mass** | |  | | **Descriptive History and Examination:**  55 year old gentleman, resident of Kollam, working as a businessman c/o toothache left upper jaw since 2 months h/o tooth loss from the same region c/o swelling over the left neck since 2 months, ulcerated through the skin since 1.5 months, painful h/o reduced mouth opening since 1 month h/o odynophagia + S+ since 35-40 years o/e: KPS 90 mouth opening 1 FB poor dental hygiene ulceroinfiltrative lesion over the left RMT extending just upto the soft palate medially, superiorly involving the upper GBS, anteriorly onto the BM reaching upto 36, inferiorly reaching upto the lower GBS but not involving it. Neck: 4x3cm swelling over the left level IB, firm-hard, fixed, 1x1cm skin ulceration , tender | |  | |
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| |  | | --- | | **Co-Morbidities: Diabetes Mellitus** | |  | | **Comments:**  DM since 3 years, on insulin | |  | |
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| |  |  | | --- | --- | |  |  | | **Length (mm):**  40 | **Breadth (mm):**  30 | |  |  | |  | **Side:** Left | |  |  | | **Neck:** Ipsilateral | **Premalignant/Feild Cancerisation:** Yes | |  |  | |
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| |  | | --- | | **Diagnosis and Stage:** | |  | |
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| |  |  | | --- | --- | | **Site:** Oral cavity | **Side:** Left | |
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| **HEAD AND NECK - TUMOUR BOARD** |

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|  | **TB Date:**  30/09/2020 |
| **Diagnosis date:**  29/09/2020 |  |

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| **Stage:** |  |
| **T:** T3 | **N:** N3b |
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| **M:** M0 |  |
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| **Site:** Oral Cavity | **Previous HPR:**  WLE left segmental mandibulectomy with infrastructure maxillectomy + left SND - Moderately differentiated squamous cell carcinoma RMT extending to GBSulci & buccal mucosa - Tumour size - 2.6x2.8x1.5cm - Depth of invasion - 1.5cm - PNI noted - score -3 - LHR - score -3 - WPOI - Pattern 4 - Risk group - High risk (3+3+1=7) - No LVE seen - Lymph nodes - Left level IB, Left level IIA, Left level IIB, Left level III shows metastatic tumour deposits with perinodal spread, largest deposit measuring :1.3cm in greatest dimension with perinodal spread - No bony invasion seen -Margins: Tumour is almost abutting anterior buccal mucosal and soft tissue (0.2 cm) margin and is close to lateral soft tissue (0.4 cm) margin . All bony margins are free of tumor. All skin margins are also free of tumor. - Adjacent salivary gland and muscle with overlying skin in the level IB region shows tumour infiltration - AJCC stage pT3N3b |
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| |  | | --- | |  | |  | | **Descriptive History and Examination:**  Carcinoma Left Retromolar trigone pT3N3b S/P WLE (left segmental mandibulectomy with infrastuctural maxillectomy) left ND (levels I-V) with dental extraction, PMMC flap and tracheostomy done on 23.04.2020. Moderately differentiated squamous cell carcinoma Left RMT extending to GB Sulci & buccal mucosa. Completed adjuvant Concurrent chemoradiation therapy using IGRT technique RT Started on 1.6.2020 RT Completed on 21.07.2020 Elapsed days: 51 Treatment breaks- 11 days [after 25 fractions] Total Dose: 6600 cGy in 30 fractions 5 cycles of weekly Cisplatin, and last cycle was deferred in view of mucositis. now presents with pain and ulceration on the skin of the neck o/e ulcer + at the junction of surgical scar with irregular margins Imp ?rec | |  | | | |
| **Descriptive Plan:**  Recurrent Carcinoma Left RMT Plan: palliative Care |  |
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**Progress Notes**

**Date : 20/04/2020**

**ProgressNotes :**

55 year old gentleman, resident of Kollam, working as a businessman

c/o toothache left upper jaw since 2 months

h/o tooth loss from the same region

c/o swelling over the left neck since 2 months, ulcerated through the skin since 1.5 months, painful

h/o reduced mouth opening since 1 month

h/o odynophagia +

S+ since 35-40 years

DM since 3 years, on insulin

o/e:

KPS 90

mouth opening 1 FB

poor dental hygiene

ulceroinfiltrative lesion over the left RMT extending just upto the soft palate medially, superiorly involving the

upper GBS, anteriorly onto the BM reaching upto 36, inferiorly reaching upto the lower GBS but not involving

it.

Neck: 4x3cm swelling over the left level IB, firm-hard, fixed, 1x1cm skin ulceration , tender

FNAC: SCC

Buccal smear: atypical squamous cells

CT HN: 38x41x42cm node in left level II. no bone involvement

adv: CT Chest plain

PAC, PAC Ix

**Progress Notes**

**Date : 30/09/2020**

**ProgressNotes :**

Carcinoma Left Retromolar trigone pT4aN3b S/P WLE (left segmental mandibulectomy with infrastuctural

maxillectomy) left ND (levels I-V) with dental extraction, PMMC flap and tracheostomy done on 23.04.2020.

Moderately differentiated squamous cell carcinoma Left RMT extending to GB Sulci & buccal mucosa.

Completed adjuvant Concurrent chemoradiation therapy using IGRT technique RT Started on 1.6.2020 RT

Completed on 21.07.2020 Elapsed days: 51 Treatment breaks- 11 days [after 25 fractions] Total Dose: 6600

cGy in 30 fractions 5 cycles of weekly Cisplatin, and last cycle was deferred in view of mucositis. now

presents with pain and ulceration on the skin of the neck

o/e ulcer + at the junction of surgical scar with irregular margins

CT Chest: Cavitating lesions in superior segment of right lower lobe and anterior segment of right upper lobeto

rule out metastasis

MRI: extensive disease involving ITF

c/s/b Dr. SI Sir:

adv:

Palliative Care

Pain and Palliative consult

Tab. Geftinib 400mg 1-0-0

**RT No :** 20RT0522

**D/O Commencement of RT** 01/06/2020 **D/O Completion of RT** 21/07/2020

**FINAL DIAGNOSIS, STAGE AND HISTOLOGY**

Carcinoma Left Retromolar trigone

pT4aN3b

S/P WLE (left segmental mandibulectomy with infrastuctural maxillectomy) left ND (levels I-V) with dental

MRD No:2178579 Name:Sri. MUHAMMED NIZAM

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extraction, PMMC flap and tracheostomy done on 23.04.2020.

Moderately differentiated squamous cell carcinoma Left RMT extending to GB Sulci & buccal mucosa.

Completed adjuvant Concurrent chemoradiation therapy using IGRT technique

**CLINICAL HISTORY AND PHYSICAL FINDINGS**

Mr. Muhammed Nizam, 55 year old gentleman from Kollam, businessman by occupation, was evaluated for

tooth ache left upper jaw since 4 months. History of tooth loss from the same region. He also gives history of

swelling over the left neck since 2 months, ulcerated through the skin since 1.5 months. History of reduced

mouth opening since 1 month and odynophagia. He was evaluated at hometown.

CT Neck done showed enlarged LN in left level II.

Biopsy reported as Squamous cell carcinoma with metastases.

O/E:

KPS 90

Mouth opening 1 FB

Poor dental hygiene

Oral Cavity: Ulceroinfiltrative lesion over the left RMT extending just upto the soft palate medially, superiorly

involving the upper GBS, anteriorly onto the BM reaching upto 36, inferiorly reaching upto the lower GBS but

not involving it.

Neck: 4x3cm swelling over the left level IB, firm-hard, fixed, 1x1cm skin ulceration ,tender.

Imaging: mandible not involved, medial pterygoid and tonsil involved, High ITF not involved, upper alveolus

bone erosion +, multiple Level III-IV nodes

CT Chest-Normal.

He was advised for surgery and underwent WLE (left segmental mandibulectomy with infrastuctural

maxillectomy) left ND (levels I-V) with dental extraction, PMMC flap and tracheostomy done on 23.04.2020.

(Head and Neck Major Resection + Reconstruction for cancer defect Grade I + Neck Dissection).

Per op Findings: Ulcerative lesion approx 3x3cm left RMT, large level Ib node with ENE adherent to mandible,

with multiple nodes level Ia, Ib,IIa/b, III, IV and V under GA with all aseptic precautions

Post OP HPR [Dated: 28/4/2020, 28/04/2020, Histology Lab No: S20-4584]

WLE left segmental mandibulectomy with infrastructure maxillectomy + left SND

Moderately differentiated squamous cell carcinoma RMT extending to GB Sulci & buccal mucosa

Tumour size - 2.6x2.8x1.5cm

Depth of invasion - 1.5cm

PNI noted - score -3

LHR - score -3

WPOI - Pattern 4

Risk group - High risk (3+3+1=7)

No LVE seen

Lymph nodes - Left level IB, Left level IIA, Left level IIB, Left level III shows metastatic tumour deposits with

perinodal spread, largest deposit measuring :1.3cm in greatest dimension with perinodal spread No bony

invasion seen

Margins: Tumour is almost abutting anterior buccal mucosal and soft tissue (0.2 cm) margin and is close to

lateral soft tissue (0.4 cm) margin . All bony margins are free of tumor. All skin margins are also free of tumor.

Adjacent salivary gland and muscle with overlying skin in the level IB region shows tumour infiltration

He was diagnosed to have Carcinoma Left Retromolar trigone and pathologically staged as pT4aN3b[skin

infiltration]

His case was discussed in multidisciplinary tumor board and was planned for adjuvant concurrent

chemoradiation therapy.

**INVESTIGATIONS :**

**HISTOPATHOLOGY REPORTS**

Post OP HPR [Dated: 28/4/2020, 28/04/2020, Histology Lab No: S20-4584]

WLE left segmental mandibulectomy with infrastructure maxillectomy + left SND

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AJCC stage pT4aN3b

Treatment Given:

**RADIATION DETAILS :**

Intent: Curative, as adjuvant concurrent chemoradiation

Technique: IGRT

Site of Disease:Left Retromolar trigone

Cat Scan Simulation on 22.05.2020

Complex Computerised Treatment Planning on 30.5.2020

RT Started on 1.6.2020

RT Completed on 21.07.2020

Elapsed days: 51

Treatment breaks- 11 days [after 25 fractions]

Total Dose: 6600 cGy in 30 fractions

**Primary Tumour And Drainage Area :**

PTV 66Gy: Tumour bed + Left Nodal Levels I,II,III

Energy: 6 MV Photons

Dose: 6600 cGy in 30 fractions

Schedule: 220 cGy per fraction and 5 fractions a week

Dose prescribed to 100 % isodose line

PTV 60Gy: Surgical bed + Left Nodal Levels I-VI

Energy: 6 MV Photons

Dose: 6000 cGy in 30 fractions

Schedule: 200 cGy per fraction and 5 fractions a week

Dose prescribed to 100 % isodose line.

PTV 54Gy: Right Nodal Levels Ib-VI

Energy: 6 MV Photons

Dose: 5400 cGy in 30 fractions

Schedule: 180 cGy per fraction and 5 fractions a week

Dose prescribed to 100 % isodose line.

**CHEMOTHERAPY DETAILS :**

He was planned for Inj Cisplatin 68mg weekly x 6.

Received 5 cycles, last received on 29.6.2020.

Last cycle was deferred in view of grade 3 reactions.

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**TREATMENT COURSE :**

Mr. Muhammed Nizam, 56 year old gentleman, diagnosed as a case of Carcinoma Left Retromolar Trigone, Post

Operative, pT4aN3bM0, completed planned course of Post Operative Concurrent chemoradiation therapy well

with 11 days of treatment interruption after 25th fraction. He had grade 3 mucositis and grade 3 skin reaction and

hence treatment was stopped for 11 days. He was put on NG tube feeds after 14 fractions and is on NG tube

feeds. He received 5 cycles of weekly Cisplatin, and last cycle was deferred in view of mucositis.

He is on step III analgesics.

**ADVICES AT DISCHARGE, MEDICATIONS AND FURTHER PLAN**

1. Review after 1 and 2 weeks in RT OPD.

2. Review after 4-6 weeks in HNS-RT Combined Follow Up Clinic for evaluation of Primary Disease, Neck

Nodes.

3. Review every month in RT OPD for one year and then as advised.

Investigations:

1. CXR PA View, CBC, RFT and Liver Enzymes [SGOT, SGPT and Alkaline Phosphatase] 4- 6 weeks post RT

and then as advised by the Physician [CXR every 6 months].

2. TFT [T3, T4, TSH] every 6 months routinely to rule out post RT hypothyroidism.

Oral and Skin Care:

1. Mix a pinch of Soda Bicarbonate powder and one table spoon of common salt in a liter of water and use as

mouth wash every 4 to 6 hours. Neem Leaf mouth wash as advised.

2. Skin care: Avoid applying oil and washing with soap. Gentle splashing of water followed by mopping with

towel. Normal daily bath can be resumed after 3 weeks of completion of RT. Apply ointments or creams only as

per Doctors' advice.

3. Silver Sulfadiazine Cream for Local Application TID for wounds [for healing].

Specific:

1. High calorie feeds: 3500 calorie and 120 gm protein with mineral and vitamin supplementation in 2.5 liters of

liquid diet. Orally as tolerated.