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| **CT - Report** |

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| |  | | --- | | **CreatedDate:**  06/07/2013 | |  | |
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| |  | | --- | | **Study Done:**  **MDCT HEAD,NECK AND CHEST - CONTRAST**    ***Details: Known case of varrucous Ca left lip.***    **Neck:**    A large lobulated heterogeneously enhancing exophytic ulceroprolifertive lesion measuring 5.5 x 3.9 x 3.3cm (TR x AP x CC) noted involving superficial soft tissue region of left lateral half of the cheek and lip with extension into the adjacent soft tissue planes of the maxillary region. Internally the lesion extends to involve the buccal mucosa and abuts the left alveolar and gingivo-labial sulcus.    Multiple enhancing lymph nodes noted at levels IA, bilateral IB, II, III, IV, V and supraclavicular regions, largest measuring 1.7 x 1cm (left IB).    Thyroid, cricoid and arytenoid cartilages are normal.    Bones are normal.    **Head:**    Neuroparenchyma is unremarkable except for chronic ischemic changes in left ganglio-capsulonic region with ex-vacuo dilatation of frontal horn of left lateral ventricle.    **Chest:**    A 4mm nodule noted in the lateral segment of right middle lobe, too small to characterize. Another 3mm nodule noted in superior lingular segment.    Patchy ground glass opacities noted involving both upper and lower lobes.    Atelectatic band noted in lateral basal segment of left lower lobe.    Mild cardiomegaly.    Mediastinal vascular structures are normal.    No significant mediastinal lymphadenopathy.    Enlarged bilateral axillary lymph nodes noted, left larger than right, largest 1.9 x 1.8cm.    Upper abdomen shows dilated CBD (1.4cm) throughout. However no distal obstructive lesions visualized. No IHBRD.    Small splenunculus noted.    Rest of the upper abdomen is unremarkable.    No lytic/sclerotic lesion in visualized bones. | |  | |
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| |  | | --- | | **Impression:**       **Heterogeneously enhancing ulcero-proliferative involving left cheek and lip with extension as described.**       **Multiple enlarged enhancing cervical nodes as mentioned.**       **Millimetric nodules in lung are too small to characterize. Need follow up.** | |

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 12/07/2013

**Received on :** 12/07/2013

**Reported Date :** 24/07/2013

**Clinical Impression :**

Carcinoma left buccal mucosa

**Gross Description :**

Received in formalin are 15 specimens. The Ist specimen labelled " WLE + intrastructure maxillectomy",

consists of turbinate, palate, alveolar fossa with 3 tooth, part of upper and lower lip and buccal mucosa. External

surface is composed of part of cheek with an ulceroproliferative lesion arising from alveolar fossa of the buccal

mucosa, infiltrating the palate, both lips and protruding out through the skin outside (cheek) .Lesion is

measuring 4.5cm antero posteriorly, 3.5cm superoinferiorly and 3cm mediolaterally. Bone is 0.3cm away from

lesion. The lesion is 1cm away from anterior mucosal margin, 1.2cm away from anterior soft tissue margin and

0.6cm away from superior mucosal margin. Lesion is 1cm away from inferior mucosal and soft tissue margin ,

2cm from posterior mucosal margin, 2.2cm from posterior soft tissue margin. Lesion is 1cm from medial

mucosal and soft tissue margin. Lesion is 2.5cm from posterior skin margin and 2cm from inferior skin margin,

1cm from superior skin margin, 1.4cm from anterior skin margin. Representative sections are submitted as

follows:

A1 - Anterior mucosal margin

A2 - Anterior soft tissue margin

A3 - Superior mucosal margin

A4 - Inferior mucosal margin and soft tissue

A5 - Posterior mucosal margin

A6 - Posterior soft tissue margin

A7 - Medial mucosal margin and soft tissue margin

A8 - Posterior skin margin

A9 - Inferioro skin margin

A10 - Superior skin margin

A11 - Anterior skin margin

A12 - From lesion

A13 - From lesion

A14 - lesion with adjacent soft tissue

A15 - Lesion with skin

A16 - From lesion

A17 - Lesion with bone

FB1-2 -lesion with skin of cheek

Specimen II labelled "Additional palatal mucosal margin", consists of single linear tissue measuring

1x0.2x0.1cm. Entire specimen submitted in cassette B.

Specimen III labelled "Additional inferior mucosal margin", consists of single linear tissue measuring

2x0.2x0.1cm. Entire specimen submitted in cassette C.

Specimen IV labelled "Mandibular periosteum", consists of single grey white irregular tissue bits measuring

0.3x0.7x0.2cm. Entire specimen submitted in cassette D.

Specimen V labelled "Level Ia", consists of fibrofatty tissue measuring 3x2.5x0.4cm. 3 lymph nodes identified,

largest one measuring 1.5x0.8x0.2cm. Representative sections are submitted in cassettes E1 & E2.

Specimen VI labelled "Left level Ib", consists of multiple fibrofatty tissue in aggregate measuring 5.5x3x0.5cm.

3 lymph nodes identified, largest one measuring 2.1x1x0.2cm. On serial sectioning salivary gland identified.

Representative sections are submitted as follows:

F1 - Largest lymph node

F2 - One lymph node

F3 & F4- Section from salivary gland

F5 - One lymph node

Specimen VII labelled "Left level IIa", consists of fibrofatty tissue measuring 5x2x0.4cm. 7 lymph nodes

identified, largest one measuring 1.5x0.3x0.1cm. Representative sections are submitted in cassettes G1 to G3.

Specimen VIII labelled "Left level IIb", consists of fibrofatty tissue measuring 4x2.5x0.3cm. 6 lymph nodes

identified. Representative sections are submitted in cassettes H1 & H2.

Specimen IX labelled "Left level III", consists of multiple fibrofatty tissue aggregate measuring 4.5x2x0.4cm. 6

lymph nodes identified. Representative sections are submitted in cassettes J1 & J2.

Specimen X labelled " Left level IV", consists of fibrofatty tissue measuring 4x2x0.4cm. 3 lymph nodes

identified, largest one measuring 1.8cm in greatest dimension. Representative sections are submitted in cassettes

K1 & K2.

Specimen XI labelled " right level Ib", consists of nodular tissue measuring 5x3.5x1cm. On serial sectining

salivary gland identified. Two lymph nodes identified, largest measuring 1cm in greatest dimension.

Representative sections are submitted in cassettes L1 to L3.

Specimen XII labelled "right level IIa", consists of fibrofatty tissue measuring 4x2.5x0.3cm. 7 lymph nodes

identified. Representative sections are submitted in cassettes M1 to M3.

Specimen XIII labelled "Right level III", consists of fibrofatty tissue measuring 5x1.5x0.4cm. 5 lymph nodes

identified. Representative sections are submitted in cassettes N1 & N2.

Specimen XIV labelled "Right level IV", consists of fibrofatty tissue measuring 3x2x0.2cm. 4 lymph nodes

identified. Representative sections are submitted in cassettes P1 & P2.

Specimen XV labelled "Right Level IIb", consists of fibrofatty tissue measuring 4.5x1x0.2cm. No definite

lymph nodes identified. Bisected and submitted. Entire specimen submitted in cassettes Q1 & Q2.

**Microscopic Description :**

A. Section shows tissue lined by stratified squamous epithelium exhibiting hyperkeratosis and an infiltrating

neoplasm arising from it composed of cells arranged in nests and trabecular pattern. Cells are of polygonal with

round nuclei, occasional prominent nucleoli and moderate amount of eosinophilic cytoplasm with distinct cell

borders. Keratin pearls are seen. This neoplasm has pushing borders surrounded by moderate degree of

lymphoplasmacytic infiltrates. Perineural invasion seen. (Section A14) .No LVE seen. Focal areas of necrosis

seen. Tumour is seen infiltrating between the skeletal muscle bundles and overlying skin of cheek. All the

mucosal and soft tissue margins are free of neoplasm.

B. Additional palatal mucosal margin - free of neoplasm

C. Additional inferior mucosal margin - free of neoplasm

D. Mandibular periosteum - Section shows fragments of hyalinised tissue and bundles of skeletal muscles only.

E. Level Ia - 3 reactive lymph nodes

F. Left level Ib - 3 reactive lymph nodes. Salivary gland - unremarkable.

G. Left level IIa - 7 reactive lymph node

H. Left level IIb - 6 reactive lymph nodes

J. Left level III - 5 reactive lymph nodes

K. Left level IV - 3 reactive lymph nodes

L. Right level Ib - 2 reactive lymph nodes and salivary glands appear unremarkable.

M. Right level IIa - 7 reactive node

N. Right level III - 6 reactive nodes

P. Right level IV - 3 reactive lymph nodes

Q. Right level IIb - Section shows collagenous tissue admixed with bundles of skeletal muscles.

**Impression :**

WLE + infrastructure maxillectomy :

- Well differentiated squamous cell carcinoma

- Tumour size - 4.5x3.5x3cm

- Perineural invasion seen.No LVE noted

- Tumour is seen infiltrating between the skeletal muscle bundles and overlying skin of cheek.

- All the mucosal and soft tissue margins are free of tumour

- 45 reactive lymph nodes seen.

pT4aN0Mx

**SURGICAL PATHOLOGY REPORT**

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mucosa, infiltrating the palate, both lips and protruding out through the skin outside (cheek) .Lesion is measuring

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lesion is 1cm away from anterior mucosal margin, 1.2cm away from anterior soft tissue margin and 0.6cm away

from superior mucosal margin. Lesion is 1cm away from inferior mucosal and soft tissue margin , 2cm from

posterior mucosal margin, 2.2cm from posterior soft tissue margin. Lesion is 1cm from medial mucosal and soft

tissue margin. Lesion is 2.5cm from posterior skin margin and 2cm from inferior skin margin, 1cm from superior

skin margin, 1.4cm from anterior skin margin. Representative sections are submitted as follows:

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K1 & K2.

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Representative sections are submitted in cassettes L1 to L3.

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L. Right level Ib - 2 reactive lymph nodes and salivary glands appear unremarkable.

M. Right level IIa - 7 reactive node

N. Right level III - 6 reactive nodes

P. Right level IV - 3 reactive lymph nodes

Q. Right level IIb - Section shows collagenous tissue admixed with bundles of skeletal muscles.

**Impression :**

WLE + infrastructure maxillectomy :

- Well differentiated squamous cell carcinoma

- Tumour size - 4.5x3.5x3cm

- Perineural invasion seen.No LVE noted

- Tumour is seen infiltrating between the skeletal muscle bundles and overlying skin of cheek.

- All the mucosal and soft tissue margins are free of tumour

- 45 reactive lymph nodes seen.

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| **Date of Admission :**03/07/2013 | **Date of Procedure :**11/07/2013 |

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| **Date of Discharge :**27/07/2013 |

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

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| **DIAGNOSIS :** |
| Carcinoma Left Buccal Mucosa extending to Lip |

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| **PROCEDURE DONE :** |
| Wide Local Excision + Left infrastructure maxillectomy+ Bilateral Neck dissection (I-IV) + Free ALT flap + Tracheostomy + PEG insertion on 11-07-2013 under GA |

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| **HISTORY :** |
| 60 year old Mrs. Shareefa presented to Head and Neck OPD with complaints of painful proliferative over left upper lip and buccal mucosa involving left cheek. Biopsy at Malabar Cancer Center (23.07.2012)- Keratotic Squamous epithelium with focal evidence of moderate dysplasia. Biopsy (17.05.2013) - Verruca - Lower lip. Initially lesion began as a small ulcer over the left upper lip -2 years ago. Came here for further management. |

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| **PAST HISTORY :** |
| Known h/o Bipolar Disorder (BPAD) - - Mania. |

**INVESTIGATIONS :**

**Haemogram:**

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| **Date:** | **Hb: g/dl** | **PCV: %** | **PLT: ku/ml** | **TC: ku/ml** | **DC: N %** | **L: %** | **E: %** | **ESR: mm/1st hr** |
| 03/07/2013 | 9.5 | 29.2 | 198 | 9.5 | 63.1 | 22.0 | 4.1 | - |
| 10/07/2013 | 11.6 | 36.3 | 208.0 | 6.29 | 54.6 | 24.9 | 9.85 | 42 |
| 12/07/2013 | 12.0 | 36.0 | 152.0 | 9.52 | 85.7 | 4.87 | 0.583 | - |
| 13/07/2013 | 10.6 | 30.3 | 178.0 | 15.6 | 86.6 | 5.28 | 0.012 | - |
| 15/07/2013 | 9.35 | 27.4 | 150.0 | 10.1 | 74.3 | 12.5 | 4.22 | - |
| 16/07/2013 | 9.7 | 27.9 | 153.0 | 10.4 | 89.6 | 7.33 | 0.906 | - |
| 17/07/2013 | 10.3 | 29.7 | 207.0 | 13.5 | 72.4 | 14.0 | 0.98 | - |

**Liver Function Test:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** | **T. Bilirubin: mg/dl** | **D. Bilirubin: mg/dl** | **SGOT: IU/L** | **SGPT: IU/L** | **ALP: IU/L** | **T. Protein: gms/dl** | **S. Alb: g/dl** | **S. Glob: g/dl** |
| 03/07/2013 | 0.50 | 0.13 | 14.0 | 8.9 | 70.0 | 7.06 | 3.59 | 3.5 |

**Renal Function Test and Serum Electrolytes:**

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| **Date:** | **Urea: mg/dl** | **Creatinine: mg/dl** | **Na+: mEq/L** | **K+: mEq/L** |
| 03/07/2013 | 25.8 | 1.05 | 133.3 | 3.5 |
| 12/07/2013 | - | - | 134.8 | 3.5 |
| 13/07/2013 | 47.8 | 1.62 | 134.8 | 3.5 |
| 15/07/2013 | 36.8 | 0.99 | 132.0 | 3.6 |
| 16/07/2013 | - | - | 131.7 | 3.8 |
| 17/07/2013 | - | - | 139.1 | 3.2 |

Date: 17/07/2013

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| RBC-COUNT-Blood : 3.53 M/uL | MCV-Blood : 84.2 fL |

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| --- | --- |
| MCH-Blood : 29.3 pg | MCHC-Blood : 34.8 g/dl |

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| --- | --- |
| RDW-Blood : 13.2 % | MPV-Blood : 7.13 fL |

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| MONO -Blood : 11.8 % | BASO-Blood : 0.747 % |

Date: 16/07/2013

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| RBC-COUNT-Blood : 3.3 M/uL | MCV-Blood : 84.6 fL |

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| MCH-Blood : 29.4 pg | MCHC-Blood : 34.8 g/dl |

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| RDW-Blood : 12.8 % | MPV-Blood : 9.45 fL |

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| MONO -Blood : 2.05 % | BASO-Blood : 0.143 % |

Date: 15/07/2013

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| RBC-COUNT-Blood : 3.22 M/uL | MCV-Blood : 85.2 fL |

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| MCH-Blood : 29.1 pg | MCHC-Blood : 34.1 g/dl |

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| RDW-Blood : 12.0 % | MPV-Blood : 7.69 fL |

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| MONO -Blood : 8.59 % | BASO-Blood : 0.402 % |

Date: 13/07/2013

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| RBC-COUNT-Blood : 3.53 M/uL | MCV-Blood : 86.0 fL |

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| MCH-Blood : 30.0 pg | MCHC-Blood : 34.8 g/dl |

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| RDW-Blood : 11.8 % | MPV-Blood : 9.19 fL |

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| MONO -Blood : 7.92 % | BASO-Blood : 0.181 % |

Date: 12/07/2013

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| RBC-COUNT-Blood : 4.24 M/uL | MCV-Blood : 84.9 fL |

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| MCH-Blood : 28.4 pg | MCHC-Blood : 33.5 g/dl |

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| RDW-Blood : 14.6 % | MPV-Blood : 6.32 fL |

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| MONO -Blood : 8.62 % | BASO-Blood : 0.225 % |

Date: 11/07/2013

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| Compatibility test; cross match complete (3 tests) : Compatible |  |

Date: 10/07/2013

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| RBC-COUNT-Blood : 4.33 M/uL | MCV-Blood : 83.8 fL |

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| MCH-Blood : 26.7 pg | MCHC-Blood : 31.9 g/dl |

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| RDW-Blood : 16.2 % | MPV-Blood : 6.53 fL |

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| MONO -Blood : 10.1 % | BASO-Blood : 0.527 % |

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| CRP (C-reactive protein) : 27.18 mg/L | T4 [Thyroxine] free-Serum : 1.62 ng/dl |

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| TSH [Thyroid Stimulating Hormo-Serum : 2.2901 uIU/ml |  |

Date: 04/07/2013

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| Blood typing; ABO and RhD : A Rh D Positive | PT[Prothrombin Time with INR]-Plasma : 14.9/14.60/1.02 sec |

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| HBs Ag Test - Emergency Screen : 0.08Non Reactive | Anti HCV - Emergency Screen : 0.10Non Reactive |

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| HIV - Emergency Screen(P24 Ag and HIV 1 and 2 Ab) : 0.03Non Reactive |  |

Date: 03/07/2013

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| Glucose [R]-Plasma : 118.5 mg/dl | RBC-COUNT-Blood : 3.64 M/uL |

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| MCV-Blood : 80.0 fL | MCH-Blood : 26.2 pg |

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| MCHC-Blood : 32.7 g/dl | RDW-Blood : 15.6 % |

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| MPV-Blood : 8.1 fL | MONO -Blood : 10.3 % |

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| BASO-Blood : 0.5 % |  |

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| MDCT HEAD,NECK AND CHEST - CONTRAST Date:06/07/2013 Details: Known case of varrucous Ca left lip Neck: A large lobulated heterogeneously enhancing exophytic ulceroprolifertive lesion measuring 5.5 x 3.9 x 3.3cm (TR x AP x CC) noted involving superficial soft tissue region of left lateral half of the cheek and lip with extension into the adjacent soft tissue planes of the maxillary region. Internally the lesion extends to involve the buccal mucosa and abuts the left alveolar and gingivo-labial sulcus. Multiple enhancing lymph nodes noted at levels IA, bilateral IB, II, III, IV, V and supraclavicular regions, largest measuring 1.7 x 1cm (left IB). Thyroid, cricoid and arytenoid cartilages are normal. Bones are normal. Head: Neuroparenchyma is unremarkable except for chronic ischemic changes in left ganglio-capsulonic region with ex-vacuo dilatation of frontal horn of left lateral ventricle. Chest: A 4mm nodule noted in the lateral segment of right middle lobe, too small to characterize. Another 3mm nodule noted in superior lingular segment. Patchy ground glass opacities noted involving both upper and lower lobes. Atelectatic band noted in lateral basal segment of left lower lobe. Mild cardiomegaly. Mediastinal vascular structures are normal. No significant mediastinal lymphadenopathy. Enlarged bilateral axillary lymph nodes noted, left larger than right, largest 1.9 x 1.8cm. Upper abdomen shows dilated CBD (1.4cm) throughout. However no distal obstructive lesions visualized. No IHBRD. Small splenunculus noted. Rest of the upper abdomen is unremarkable No lytic/sclerotic lesion in visualized bones. Impression: Heterogeneously enhancing ulcero-proliferative involving left cheek and lip with extension as described. Multiple enlarged enhancing cervical nodes as mentioned. Millimetric nodules in lung are too small to characterize. Need follow up. |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| The patient was evaluated. MDCT Head, Neck and Chest contrast on 6-07-2013 showed Heterogeneously enhancing ulcero-proliferative involving left cheek and lip with extension.Multiple enlarged enhancing cervical nodes .Millimetric nodules in lung are too small to characterize. Her case was discussed in Head and Neck tumour board and planned for surgery. She was admitted on 3-07-2013 after stabilisation she was taken up for surgery. She underwent Wide Local Excision + Left infrastructure maxillectomy+ Bilateral Neck dissection (I-IV) + Free ALT flap + Tracheostomy + PEG insertion on 11-07-2013 under GA. Postoperative period was uneventful. Psychiatry consultation was done for management of bipolar disorder. Postopertaively she had chest infection, Pulmonology consultation was sought and managed as per their advise. Cardiology consultion kept for management of high blood pressure and started on Tab.Metlar 25mg 1-0-1. Tracheostomy tube was decannulated on the 12th postoperative day, tolerated well. Condition at discharge: Stable, afebrile, on PEG Feeds, neck wound gaping present |

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| **OPERATIVE FINDINGS :** |
| Operative notes: Surgery: WLE+ Left infrastructure maxillectomy+ Bil Neck dissection (I-IV) + Free ALT flap + Tracheostomy + PEG insertion. Indication : Ca left buccal mucosa extending to Lip Procedure: under aseptic precaution, pt painted and drapped. e/o proliferative lesion involing the left buccal mucosa extending to the hard palate, involving the skin extending to the bil Lip. Skin incision marked around the skin involved with adequate margin extending down to the neck horizontal skin crease incision. Dissection done all around the tumour, parotid duct ligated, tumour lifted from the mandible, periosteum striped and sent for HPE, palatal cuts given with adequate margin, infrastructure maxillectomy done. Specimen delivered in toto. Haemostasis achieved. Additional palatal and inferior mucosal margins taken. Biateral neck dissection done from level I-IV. ALT flap harvested 20x8 cms. Donor site closed primarily. Anastomosis done to the left facial artery and tributary of IJV. Flap vascularity confirmed. Insetting done. Tracheostomy done. PEG insertion done. Procedure is uneventful. |

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| **DIET RECOMMENDATIONS :** |
| PEG FEEDING (2.5 litres/day)-High protein diet |

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| **DISCHARGE MEDICATION :** |
| Tab. Pan 20 mg 1-0-1 x 3 days Tab. Dolo 650 mg SOS for pain Tab. Sodium Valporate 500 mg 1-0-1 to be continued Tab. Quetiapine 100 mg 0-0-1 to be continued Tab. Olanzapine 5 mg 0-0-1 to be continued Tab. Deriphylline R 150 mg 1-0-1 x 1 week Tab.Mucolyte 30 mg 1-1-1 x 1 week Tab. Metalor XR 25 mg 1-0-1 to be continued Hexidine mouth gargles fourth hourly  **Progress Notes**  **Date : 05/08/2013**  **ProgressNotes :**  HPR-Impression : WLE + infrastructure maxillectomy :  - Well differentiated squamous cell carcinoma  - Tumour size - 4.5x3.5x3cm  - Perineural invasion seen.No LVE noted  - Tumour is seen infiltrating between the skeletal muscle bundles and overlying skin of cheek.  - All the mucosal and soft tissue margins are free of tumour  - 45 reactive lymph nodes seen.  pT4aN0Mx  Plan-adj RT at outside center  Solid food thru mouth and liquid thru PEG tube.  If drooling severe to use skin of ALT flap to lift lower lip.  Tracheosotma closed with sutures. |