**Radiology Report**

**Created Date:** 24/01/2017

**Study Done:**

**CT CHEST PLAIN**

***Clinical Information: Known case of carcinoma right lower alveolus***

No focal lesions noted involving bilateral lung parenchyma.

Normal mediastinal vascular structures.

The hila are normal.

The tracheobronchial tree is normal.

No pleural pathology.

Chest wall is normal.

**Impression:**

***Known case of carcinoma right lower alveolus***

• **No focal lesions in bilateral lung parenchyma.**

**Radiology Report**

**Created Date:** 27/01/2017

**Study Done:**

**MRI BRAIN WITH CONTRAST**

***Case of Ca alveolus.***

Enhancing soft tissue seen along the right inferior alveolus at the level of premolars and molars. Lesion

erodes into body and alveolus of mandible and extends medially to the sublingual space, floor of mouth and

laterally through the inferior buccogingival sulcus to the cheek. Overlying skin and subcutaneous fat appears

infiltrated.

Mandibular attachment of myelohyoid is infiltrated. Right inferior alveolar nerve appears thickened.

Superior bucco gingival sulcus and RMT is free.

Enlarged nodes are seen in level Ia, Ib and II bilaterally.

**Impression:**

• **Soft tissue thickening involving right inferior alveolus which extends to floor of mouth and**

**right cheek as described**

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 27/01/2017

**Received on :** 27/01/2017

**Reported Date :** 28/01/2017

**Gross Description :**

Received in formalin is a specimen consists of multiple grey brown tissue bits in aggregate measuring

1.5x1x0.6cm. Entire specimen submitted in one cassette.

**Impression :**

Well to moderately differentiated squamous cell carcinoma, biopsy right lower jaw.

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 31/01/2017

**Received on :** 31/01/2017

**Reported Date :** 21/02/2017

**Clinical Impression :**

Case of SCC alveolus

**Gross Description :**

Received in formalin are 10 specimens.

The Ist specimen labelled "WLE main specimen (skin, mandibleand right level I b)" consists of skin covered

tissue whole measuring 9.5(AP)x6(ML)x8(SI)cm. An ulceroproliferative lesion is the noted in the alveolar

mucosa (5(ML)x5.5(AP)cm,measuring 4(AP)x3.5(ML)x2.3(SI)cm. Depth of the lesion 2cm. Lateral skin

measuring 5.8(AP)x5.5(SI)cm. Soft tissue margin are inked. Specimen serially sliced from anterior to posterior

into 7 bits. Lesion is 0.6cm from lateral skin margi, involving mandible, 4cm from anterior bony margin, 1.5cm

from posterior bony margin, 1.2cm from medial inked margin, 1.5cm from inferior inked margin, 1.2cm from

medial mucosal margin, 1.7cm from lateral mucosal margin. Salivary gland identified posterolaterally. On cut

surface, lesion appears to be capsulated. 3 lymph nodes identified in the posterolateral soft tissue, largest

measuring 1.2x1.2x1.5cm. Representative sections are submited as follows:

A1 - Skin and inked superior soft tissue and lateral alveolar mucosa and lesion

A2 - Skin (nearest margin) + lesion.

A3 - Lesion and medial inked margin + 2 lymph nodes

A4 - Lesion and inked medial

A5 - Lesion with skin and deep inked margin

A6 - Lesion with bit of bone

A7 - Lesion done

A8 - Lesion and medial inked margin

A9 - Lesion with medial mucosal margin

A10 to A12 - Largest lymph node

A13 & A15 - Lymph nodes

A16 - RTS from salivary gland

A17 - Anterior bony margin shaved

A18 - Posterior bony margin shaved

Specimen II labelled "Right level IIa", consists of nodular fibrofatty tissue measuring 6x4.5x2cm. 7 lymph

nodes identified, largest measuring 2.5x1.5x1cm. Smallest measuring 0.5cm in greatest dimension. Entire

specimen submitted in cassettes B1 to B10.

Specimen III labelled "Right level IIB", consists of nodular fibrofatty tissue measuring 4x2x0.8cm. No lymph

node identified. Entire specimen submitted in cassette C.

Specimen IV labelled "Right level III", consists of nodular fibrofatty tissue measuring 3.5x2.5x0.5cm. 4 lymph

nodes identified, largest measuring 1.5cm in greatest dimension. Smallest measuring 0.8cm in greatest

dimension. Entire specimen submitted in cassettes D1 to D4.

Specimen V labelled "Right level VI", consists of fibrofatty tissue measuring 3.5x1.5x1cm. No lymph node

identified. Entire specimen submitted in cassettes E1 & E2.

Specimen VI labelled "Left level IB", consists of nodular fibrofatty tissue measuring 5.5x4.5x3cm. Attached

salivary gland and 3 lymph nodes identified, largest lymph node measuring 1.5cm in greatest dimension.

Representative sections are submitted in cassettes F1 to F4.

Specimen VII labelled " Left level II", consists of nodular fibrofatty tissue measuring 4x3x2cm. 4 lymph nodes

identified, largest measuring 1.8x1.3x0.6cm. Smallest measuring 0.7cm in greatest dimension. Entire

specimen submitted in cassettes G1 to G5.

Specimen VIII labelled "Left level III and IV", consists of nodular fibrofatty tissue in fragments 2 lymph nodes

identified. One measuring 0.6cm in greatest dimension. Other measuring 0.4cm in greatest dimension. Entire

specimen submitted in cassettes H1 to H3.

Specimen IX labelled "Additional margin right margin of tongue", consists of mucosa covered soft tissue

measuring 4.2x0.6x0.4cm. Lateral most border of specimen is inked and serially sliced. Entire specimen

submitted in cassettes J1 to J3.

Specimen X labelled "Additional margin mandible lateral side inked" consists of bony tissue measuring

2x1.1x0.5cm. Lateral margin shaved. Representative sections are submitted in cassettes K.

(Dr Chinnu/mm)

**Microscopic Description :**

Section shows a neoplasm composed of cells arranged in exophytic fronts, lobules and interlacing trabeculae.

Cells are highly pleomorphic with round to oval to polygonal shaped nuclei, indistinct nuclear membrane,

vesicular nuclei, prominent nucleoli and moderate amount of eosinophilic granular cytoplasm. Areas of

haemorrhage seen. Numerous bizzare cells, atypical mitosis, keratin pearls and foci of calcification seen. There

is dense lymphocytic infiltration. No perivascular / lymphovascular invasion noted.

Attached 3 lymph nodes are free of tumour deposits.

Lymph nodes :

B. Right level IIa - 9 lymph nodes- free of tumour

c. Right level IIb - 5 lymph nodes - Free of tumour

D. Right level III - 8 lymph nodes -free of tumour

e. Right level IV - 4 lymph nodes - free of tumour

f. Left level IB - 3 lymph nodes and salivary gland - free of tumour.

G. Left level II - 12 lymph nodes - Fre of tumour

H. Left level III and IV - 3 lymph nodes - free of tumour.

**Impression :**

WLE mandibulectomy with bilateral lymph node dissection:

- Well to moderately differentiated squamous cell carcinoma alveolus.

- Tumour measures 4x3.5x2.3cm.

- WPO1- Pattern 3

- LHR - Score 0

- PNI - Absent

- Risk - Low

- LVE - Absent

- Margins - All margins are free of tumour (mucosal, skin and bony)

- Bony and overlying soft tissue involvement seen

- Tumour is 0.5cm away from overlying epidermis

- Additional margins from right border of tongue and mandible - free of tumour

- Lymph nodes - Right level IB, IIA,IIB, III, IV and left level IB, II, III, IV - All are free of tumour.

pT4N0

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| **Date of Admission :**30/01/2017 | **Date of Procedure :**31/01/2017 |

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| **Date of Discharge :**11/03/2017 |

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

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| **DIAGNOSIS :** |
| Squamous cell carcinoma lower alveolus. |

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| **PROCEDURE DONE :** |
| Wide Local Excision+ Bilateral Neck Dissection + ALT Flap reconstruction done under GA on 31.01.17 Debridement under GA on 11.02.17 PMMC flap reconstruction done under GA on 16.02.17 SSG and secondary suturing at right cheek under GA on 07.03.17 |

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| **HISTORY :** |
| 57 year old female patient presented with complaints of ulceroproliferative lesion since 3 months.initially presented with pain and swelling on the right lower alveolus, She has no known co morbidities. She had shown to hospital were she was managed conservatively. no dysphagia. No history of dental trauma. Now she admitted here for further management. |

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| **PERSONAL HISTORY :** |
| DLP+, currently on medication, medication information not known No history of DM,HTN,TB, Asthma, seizures, thyroid disorder, CAD,CVA No history of previous surgeries/blood transfusion Good effort tolerance No recent chest infection |

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| **CLINICAL EXAMINATION :** |
| On examination: Proliferative lesion in the right alveolus found extending from RMT to anteriorly, fixed to the lower jaw. NECK : level 1 and II nodes palpable. GC- Fair Vitally- Stable |

**INVESTIGATIONS :**

**Haemogram:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** | **Hb: g/dl** | **PCV: %** | **PLT: ku/ml** | **TC: ku/ml** | **DC: N %** | **L: %** | **E: %** | **ESR: mm/1st hr** |
| 01/02/2017 | 10.2 | 31.3 | 290 | 10.08 | 90.2 | 7.4 | 0.0 | - |
| 03/02/2017 | 9.3 | 27.8 | 320 | 8.53 | 85.1 | 11.8 | 0.8 | - |
| 04/02/2017 | 9.3 | 27.0 | 344 | 9.6 | 78.4 | 15.0 | 2.3 | - |
| 10/02/2017 | 8.3 | 24.9 | 581 | 11.4 | 83.7 | 9.7 | 0.9 | - |
| 13/02/2017 | 8.1 | 25.4 | 527 | 6.24 | 69.0 | 21.5 | 4.8 | - |
| 14/02/2017 | 10.8 | 33.4 | 570 | 6.95 | 62.7 | 29.8 | 3.2 | - |
| 16/02/2017 | 9.7 | 30.9 | 644 | 15.01 | 70.0 | 26.2 | 1.3 | - |
| 17/02/2017 | 7.7 | 25.2 | 415 | 10.25 | 90.5 | 7.4 | 0.0 | - |
| 18/02/2017 | 9.1 | 27.8 | 351 | 8.59 | 80.8 | 14.8 | 0.8 | - |
| 20/02/2017 | 9.2 | 28.5 | 352 | 5.17 | 69.6 | 23.8 | 2.3 | - |

**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** |
| 10/02/2017 | 0.33 | 0.07 | 31.5 | 52.6 | 129.5 | 6.27 | 2.82 | 3.5 |
| 14/02/2017 | 0.26 | 0.07 | 25.7 | 29.3 | 105.0 | 6.65 | 2.99 | 3.7 |

**Renal Function Test and Serum Electrolytes:**

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| --- | --- | --- | --- | --- |
| **Date:** | **Urea: mg/dl** | **Creatinine: mg/dl** | **Na+: mEq/L** | **K+: mEq/L** |
| 01/02/2017 | 15.2 | 0.67 | 134.2 | 4.0 |
| 10/02/2017 | 10.4 | 0.61 | 133.8 | 3.4 |
| 14/02/2017 | 13.8 | 0.69 | 132.8 | 4.4 |
| 16/02/2017 | 14.5 | 0.73 | 138.4 | 4.2 |
| 17/02/2017 | - | - | 134.3 | 4.3 |

Date: 07/03/2017

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| PT[Prothrombin Time with INR]-Plasma : 15.1/14.60/1.04 sec | Compatibility test; cross match complete (3 tests) : Compatible |

Date: 20/02/2017

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| --- | --- |
| RBC-COUNT-Blood : 3.39 M/uL | MCV-Blood : 84.1 fL |

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| MCH-Blood : 27.1 pg | MCHC-Blood : 32.3 g/dl |

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| --- | --- |
| RDW-Blood : 14.4 % | MPV-Blood : 9.2 fL |

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| MONO -Blood : 3.7 % | BASO-Blood : 0.6 % |

Date: 18/02/2017

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| RBC-COUNT-Blood : 3.37 M/uL | MCV-Blood : 82.5 fL |

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| MCH-Blood : 27.0 pg | MCHC-Blood : 32.7 g/dl |

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| --- | --- |
| RDW-Blood : 14.3 % | MPV-Blood : 8.9 fL |

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| MONO -Blood : 3.5 % | BASO-Blood : 0.1 % |

Date: 17/02/2017

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| Compatibility test; cross match complete (3 tests) : Compatible | RBC-COUNT-Blood : 2.97 M/uL |

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| MCV-Blood : 84.8 fL | MCH-Blood : 25.9 pg |

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| --- | --- |
| MCHC-Blood : 30.6 g/dl | RDW-Blood : 14.8 % |

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| MPV-Blood : 8.9 fL | MONO -Blood : 2.0 % |

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| BASO-Blood : 0.1 % |  |

Date: 16/02/2017

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| RBC-COUNT-Blood : 3.70 M/uL | MCV-Blood : 83.5 fL |

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| MCH-Blood : 26.2 pg | MCHC-Blood : 31.4 g/dl |

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| --- | --- |
| RDW-Blood : 14.9 % | MPV-Blood : 8.5 fL |

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| MONO -Blood : 2.2 % | BASO-Blood : 0.3 % |

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| PT[Prothrombin Time with INR]-Plasma : 21.6/14.60/1.66 sec | RBC-COUNT-Blood : 4.30 M/uL |

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| MCV-Blood : 83.7 fL | MCH-Blood : 26.3 pg |

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| MCHC-Blood : 31.4 g/dl | RDW-Blood : 14.8 % |

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| MPV-Blood : 8.6 fL | MONO -Blood : 3.9 % |

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| BASO-Blood : 0.7 % |  |

Date: 14/02/2017

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| RBC-COUNT-Blood : 4.09 M/uL | MCV-Blood : 81.7 fL |

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| MCH-Blood : 26.4 pg | MCHC-Blood : 32.3 g/dl |

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| --- | --- |
| RDW-Blood : 14.3 % | MPV-Blood : 8.7 fL |

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| --- | --- |
| MONO -Blood : 4.0 % | BASO-Blood : 0.3 % |

Date: 13/02/2017

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| --- | --- |
| RBC-COUNT-Blood : 3.10 M/uL | MCV-Blood : 81.9 fL |

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| --- | --- |
| MCH-Blood : 26.1 pg | MCHC-Blood : 31.9 g/dl |

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| --- | --- |
| RDW-Blood : 14.5 % | MPV-Blood : 8.9 fL |

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| MONO -Blood : 4.2 % | BASO-Blood : 0.5 % |

Date: 12/02/2017

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

Date: 11/02/2017

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

Date: 10/02/2017

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| Glucose [R]-Plasma : 148.0 mg/dl | PT[Prothrombin Time with INR]-Plasma : 16.0/14.60/1.13 sec |

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| RBC-COUNT-Blood : 3.15 M/uL | MCV-Blood : 78.8 fL |

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| --- | --- |
| MCH-Blood : 26.3 pg | MCHC-Blood : 33.3 g/dl |

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| RDW-Blood : 14.8 % | MPV-Blood : 6.9 fL |

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| MONO -Blood : 5.6 % | BASO-Blood : 0.1 % |

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| PT[Prothrombin Time with INR]-Plasma : 16.3/14.60/1.15 sec | RBC-COUNT-Blood : 3.18 M/uL |

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| --- | --- |
| MCV-Blood : 79.6 fL | MCH-Blood : 26.7 pg |

|  |  |
| --- | --- |
| MCHC-Blood : 33.5 g/dl | RDW-Blood : 15.0 % |

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| --- | --- |
| MPV-Blood : 6.7 fL | MONO -Blood : 4.3 % |

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| --- | --- |
| BASO-Blood : 0.1 % |  |

Date: 04/02/2017

|  |  |
| --- | --- |
| RBC-COUNT-Blood : 3.40 M/uL | MCV-Blood : 79.2 fL |

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| --- | --- |
| MCH-Blood : 27.2 pg | MCHC-Blood : 34.4 g/dl |

|  |  |
| --- | --- |
| RDW-Blood : 14.2 % | MPV-Blood : 7.5 fL |

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| --- | --- |
| MONO -Blood : 3.8 % | BASO-Blood : 0.5 % |

Date: 03/02/2017

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| --- | --- |
| RBC-COUNT-Blood : 3.52 M/uL | MCV-Blood : 79.0 fL |

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| MCH-Blood : 26.4 pg | MCHC-Blood : 33.5 g/dl |

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| RDW-Blood : 13.2 % | MPV-Blood : 9.5 fL |

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| MONO -Blood : 2.1 % | BASO-Blood : 0.2 % |

Date: 01/02/2017

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

|  |  |
| --- | --- |
| RBC-COUNT-Blood : 3.89 M/uL | MCV-Blood : 80.5 fL |

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| MCH-Blood : 26.2 pg | MCHC-Blood : 32.6 g/dl |

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| --- | --- |
| RDW-Blood : 13.3 % | MPV-Blood : 10.3 fL |

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| MONO -Blood : 2.4 % | BASO-Blood : 0.0 % |

Date: 30/01/2017

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

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| Patient came to our hospital with above mentioned complaints. After all preliminary investigation and evaluation she was taken for the surgery. She was Operated for Ca alveolus, then reconstructed with ALT flap, ALT flap was dusky after 5 days of operative procedure, Then she was underwent debridement and closure of defect done with PMMC flap reconstruction. Again secondary suturing and SSG done as superficial dermis was lost. On discharge she is stable and afebrile. NGT in situ. |

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| **OPERATIVE FINDINGS :** |
| Procedure : WLE + B/L ND + ALT Flap done. Surgeons : Dr. SI/ Dr. DB/ Dr. Jana/ Dr. Dimpy Notes : Patient in supine position. Parts painted and draped. Intra-op findings - 3x3 cm ulceroproliferative lesion over right lower alveolus with soft tissue extension to submandibular fossa. Wide local excision preserving the lower lip and angle of mouth + B/L neck dissection done. Reconstruction done with thin ALT flap, harvested from left thigh. Inset done. Debridement and PMMC flap reconstruction done under GA on 16.02.17 Surgeons: Dr SI, Dr deepak, Dr shashikant, Dr pradeep Procedure: Pt taken under GA with Tracheostomy tube. Tstomy was replaced with same size ET tube. Non viable ALT flap was debrided and wound margins freshened. PMMC flap was designed with para sternal 8x4 cm skin paddle. Flap harvested and tunneled in to the neck , sutured to line the oral cavity defect . stay suture taken with prolene 2-0 to medial mandible edge. Outer PMMC muscle grafted with SSG. Neck wound sutured in layers. ET tube was replaced with tracheostomy tube. PMMC donor site closed primarily with FR 14 drains. |

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| **PROGNOSIS ON DISCHARGE :** |
| Afebrile Stable |

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| **PREVENTIVE ADVICE (LIFE STYLE MODIFICATION / HEALTH EDUCATION)IF ANY:** |
| oral care wound care |

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| **DIET RECOMMENDATIONS :** |
| NGT in situ 2.0 to 2.5 lit/ day high protein and high calorie diet |

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| **PHYSICAL ACTIVITY :** |
| Normal |

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| **DISCHARGE MEDICATION :** |
| Tab Pan 40 mg 1-0-0 x 7 days Tab Dolo 650 mg 1-1-1 x 7 days Tab. Ultracet 1 tab sos on pain Chlorhexidine gargles 3-4 times a day x 15 days Prosure protein powder 2 scoops TID x 1 month Tab. A to Z 1tab OD x 1 month Tab. Levoflox 500mg 1-0-0 x 5 days |

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| **Tumour Board Discussion**  **Relevant clinical details :**  Patient presented with complaints of ulceroproproliferative lesion since 3 months.initially presented with pain  and swelling on the right lower alveolus,  She has no known co morbidities.  She had shown to near by hospital were she was managed conservatively.  no dysphagia.  No h/o dental trauma  h/o Pan chewing since more than 20 years.  O/e  Proliferative lesion in the right alveolus found extending from RMT to anteriorly, extending to FOM, RMT as  such is free of disease.  fixed to the lower jaw.  NEck : level 1 and II nodes palpable.  **Histology (include histology done / reviewed elsewhere) :**  Biopsy under LA:  Well to moderately differentiated squamous cell carcinoma  **Other relevant investigations (including metastatic workup) :**  MRI head and neck with contrast:  Soft tissue thickening involving right inferior alveolus which extends to floor of mouth and right cheek.  **Agreed Plan of management :**  Plan for WLE+Seg Mandibulectomy+ ND+ ALT flap   |  | | --- | | **OPERATIVE FINDINGS :** | | Procedure : WLE + B/L ND + ALT Flap done. Surgeons : Dr. SI/ Dr. DB/ Dr. Jana/ Dr. Dimpy Notes : Patient in supine position. Parts painted and draped. Intra-op findings - 3x3 cm ulceroproliferative lesion over right lower alveolus with soft tissue extension to submandibular fossa. Wide local excision preserving the lower lip and angle of mouth + B/L neck dissection done. Reconstruction done with thin ALT flap, harvested from left thigh. Inset done. Debridement and PMMC flap reconstruction done under GA on 16.02.17 Surgeons: Dr SI, Dr deepak, Dr shashikant, Dr pradeep Procedure: Pt taken under GA with Tracheostomy tube. Tstomy was replaced with same size ET tube. Non viable ALT flap was debrided and wound margins freshened. PMMC flap was designed with para sternal 8x4 cm skin paddle. Flap harvested and tunneled in to the neck , sutured to line the oral cavity defect . stay suture taken with prolene 2-0 to medial mandible edge. Outer PMMC muscle grafted with SSG. Neck wound sutured in layers. ET tube was replaced with tracheostomy tube. PMMC donor site closed primarily with FR 14 drains. | |

**Progress Notes**

**Date : 24/01/2017**

**ProgressNotes :**

Patient presented with complaints of ulceroproproliferative lesion since 3 months.initially presented with pain

and swelling on the right lower alveolus,

She has no known co morbidities.

She had shown to hosp were she was managed conservatively.

no dysphagia.

No h/o dental trauma

h/o Pan chewing since more than 20 years.

O/e

Proliferative lesion in th eright alveolus found extending from RMT to anteriorly, fixed to the lower jaw.

NEck : level 1 and II nodes palpable.

Adv

MRI head and neck with contrast+ CT chest.

Biopsy under LA>

Plan for WLE+ND+ ALT flap

**Progress Notes**

**Date : 13/03/2017**

**ProgressNotes :**

Squamous cell carcinoma lower alveolus.

PROCEDURE DONE :

Wide Local Excision+ Bilateral Neck Dissection + ALT Flap reconstruction done under GA on 31.01.17

Debridement under GA on 11.02.17

PMMC flap reconstruction done under GA on 16.02.17

SSG and secondary suturing at right cheek under GA on 07.03.17

O/E:

Slough + over PMMC site .

ADV:

Clean and debride the slough over the PMMC now in OPD.

Start RT in 2 weeks time