**mpression :**

**MDCT HEAD, NECK AND CHEST - CONTRAST**

*Clinical information: Mandibular lesion under evaluation.*

Lytic destructive lesion with large soft tissue component (2.2 x 3.5cm) noted involving the mid-mandible with no areas of calcification / cystic areas. It causes destruction of the anterior cortex with extension into the tooth sockets . No obvious extension seen in to the floor of mouth.

Multiple nodes some of which are necrotic noted in the bilateral level II and III. No calcification.

Rest of the visualized bony and soft tissues of neck are normal.

***Chest:***

Normal mediastinal vascular structures.

The hila are normal.

The tracheobronchial tree is normal.

Normal lung parenchyma.

No pleural pathology.

Chest wall is normal.

Visualized upper abdomen and bones are normal.

IMPRESSION

* **Study shows a destructive mandibular lesion with soft tissue component with no lung pathology.** 
  + **Possibilities are** 
    - * **Plasmocytoma.**
      * **Lymhoma.**

**SURGICAL PATHOLOGY REPORT**

**Age :** 68

**Date of sample collection :** 03/12/2012

**Received on :** 03/12/2012

**Reported Date :** 04/12/2012

**Clinical Impression :**

Case of carcinoma alveolus

**Gross Description :**

Received for review is one slide only labelled as "14329/12".

**Microscopic Description :**

Section shows tissue lined by stratified squamous epithelium showing features of dysplasia and an invasive

neoplasm arising from it and infiltrating the stroma in trabeculae, cords and nests. Individual cells have moderate

cytoplasm, pleomorphic nuclei with coarse chromatin and irregular nuclear borders and indistinct cell borders.

Individual cell keratinization and formation of keratin pearls are also noted. Stroma shows dense acute and

chronic inflammatory reaction.

**Impression :**

Slide review "103/12":- Moderately differentiated squamous cell carcinoma

**SURGICAL PATHOLOGY REPORT**

**Age :** 68

**Date of sample collection :** 21/12/2012

**Received on :** 21/12/2012

**Reported Date :** 24/12/2012

**Clinical Impression :**

H/o Ulcer in anterior mandible - 3 months

**Gross Description :**

Received in formalin are 14 specimens. The I specimen labelled as "Resected specimen anterior floor of mouth

with segment of mandible", consists of the same with attached skin of chin, whole measures 6x4.5x4cm, skin

measures 3.5x3.5cm. An ulceroproliferative lesion noted measures 1.5x2x3cm involving the gingiva and floor of

mouth. The posterior mucosal and soft tissue margin is inked. The lesion is situated at a distance of 1.2cm from

anterior mucosal margin, 2cm from left lateral mucosal margin, 1.5cm from right lateral mucosal margin,. 0.3cm

from the posterior mucosal margin. Lesion is situated at a distance of 1cm from the skin. Representative sections

are submitted as follows:

A1-A2 - Tumor with posterior mucosal and soft tissue margin

A3 - Anterior mucosal margin

A4 - Left lateral mucosal margin

A5 - Right lateral mucosal margin

A6-A7 - Lesion with anterior skin

A8 - Inferior skin margin

A9 - Superior skin margin

A10 - Left lateral skin margin

A11- Right lateral skin margin

AFB1 - Right posterior bony margin

AFB2 - Left posterior bony margin

AFB3 and AFB4 - Lesion with bone

Specimen II labelled as "level Ia", consists of fibrofatty tissue measures 3x2x1.2cm. 6 lymphnodes identified

largest measures 0.5cm in greater dimension. Representative sections are submitted in B1 - B2 cassettes.

Specimen III labelled as "Right level IB", consists of a fibrofatty tissue measures 5.5x4x1.5cm. Two lymphnodes

identified and normal salivary gland tissue. Representative sections are submitted in C1 - C2 cassettes.

Specimen IV labelled as "Right level IIa", consists of a fibrofatty tissue measures 2.8x1.8x1.2cm. 6 lymphnodes

identified, largest measures 0.8cm in greater dimension. Representative sections are submitted in D1 - D2

cassettes.

Specimen V labelled as "Right level IIB", consists of a fibrofatty tissue measures 3x2x0.8cm. Representative

sections are submitted in E1 - E2 cassettes.

Specimen VI labelled as "Right level III", consists of two fragments of fibrofatty tissue in aggregate measures

3x2x1.5cm. Representative sections are submitted in F1 - F2 cassettes.

Specimen VII labelled as "Right level IV", consists of fibrofatty tissue measures 2.5x1.4x0.8cm. 2 lymphnodes

identified. Representative sections are submitted in cassette G.

Specimen VIII labelled as "Left level IB", consists of fibrofatty tissue measures 6.5x3x1.5cm. Representative

sections are submitted in H1 - H2 cassettes.

Specimen IX labelled as "Left level IIa", consists of two fragments of fibrofatty tissue measures 3.5x2.5x1.2cm.

Representative sections are submitted in J1-J2 cassettes.

Specimen X labelled as "Left level IIb", consists of a fibrofatty tissue measures 3.5x2x0.8cm. Representative

sections are submitted in cassette K.

Specimen XI labelled as "Left level III", consists of a fibrofatty tissue measures 3.5x2x1cm. Representative

sections are submitted in L1-L2 cassettes.

Specimen XII labelled as "Left level IV", consists of a fibrofatty tissue measures 2.5x2x0.8cm. 2 lymphnodes

identified. Representative sections are submitted in cassette M.

Specimen XIII labelled as "Left prefacial node", consists of a nodular tissue measures 1.5x1.5x1cm. Cut section

shows cystic spaces with few area showing haemorrhage and few areas appears grey white. Representative

sections are submitted in N1-N2 cassettes.

Specimen XIV labelled as "Right prefacial nodes", consists of nodular tissue measures 1.7x1.2x0.7cm. cut

section appears grey white with an area of necrosis. Representative sections are submitted in cassette P.

**Microscopic Description :**

A) Sections show an ulceroproliferative lesion arising from the inner mucosal aspect of the mandible, consists of

cells arranged in nests, cords and sheets. The cells have round to oval central vesicular nucleus with prominent

nucleoli, moderate amount of cytoplasm and well defined cell borders. Scattered mitotic figures seen. Keratin

pearl formation is evident. No necrosis noted. There is moderate to dense lymphoplasmacytic inflammatory

infiltrate at the infiltrating borders of the lesion. Lesion extends into the muscles of chin. bone invasion

(mandible) is noted (A1, FB3). No lymphovascular emboli / perineural invasion seen. Tumor margins are

infiltrative. Posterior mucosal resection margin is 5mm. Other margins are free and well away. Bony resection

margins are free.

B) Level Ia : 5 reactive nodes.

C) Right level Ib : 1 node shows metastasis with perinodal spread seen. Salivary gland tissue is within normal

limits.

D) Right level IIa :- 2/6 nodes show metastasis, no perinodal spread seen.

E) Right level IIb :- 3 reactive nodes.

F) Right level III :- 9 reactive nodes.

G) Right level IV :- 2 reactive nodes.

H) Left level IB :- Single lymphnode with metastasis. No perinodal spread seen. Salivary gland is within normal

limits.

J) Left Level IIa : 4 reactive nodes.

K) Left level IIb :- 2 reactive nodes.

L) Left level III :- 6 reactive nodes.

M) Left level IV :- 2 reactive nodes.

N) Left prefacial node :- 1/2 node show metastasis with perinodal spread.

P) Right prefacial node :- 1 node show metastasis with perinodal spread.

**Diagnosis :**

Anterior Mandibulectomy + bilateral neck dissection:-

- Moderately differentiated squamous cell carcinoma.

- Tumor size 1.5x2x3cm

- No lymphovascular emboli / perineural invasion seen.

- Depth of invasion 2.5cm

- Bone invasion is seen

- 5/45 nodes positive for metastasis, 3 nodes show perinodal spread

pT4aN2bMx.

**DEPARTMENT OF NUCLEAR MEDICINE AND PETCT**

**Date : 06/06/2013**

**Clinical Indication : Ca lower alveolus S/P surgery and radiotherapy, now with ? recurrence / ? second**

**primary in left retromolar trigone region for evaluation.**

**WHOLE BODY PET CT IMAGING REPORT**

**PROCEDURE :**

8 mCi of 18F Flouro Deoxy Glucose (FDG) was injected IV in euglycemic status. One hour later Whole body

PET CT Imaging (Head to mid thigh) was performed on a GE Discovery PET 8 slice CT scanner.

Oral & IV contrast given for CT study.

Standardized Uptake Value (SUV) calculated for body weight and expressed as g/ml.

Fasting Blood Sugar: 118 mg / dl

**FINDINGS :**

PET FINDINGS:

\* Abnormal increased FDG uptake noted in soft tissue density lesion at postoperative site in

mandibular region on both sides (SUV Max 7.5).

\* Abnormal increased FDG uptake noted in minimally enhancing soft tissue density lesion in

left retromolar trigone (SUV Max 9.3)

\* Abnormal increased FDG uptake noted in following lymph nodes at:

a) Bilateral level Ib cervical (SUV Max 4.2) b) Left level II (SUV Max 6.6)

c) Left axillary (SUV Max 3.2) - ? inflammatory.

\* Abnormal increased FDG uptake noted in patchy areas of consolidation with fibrosis in

apical region of bilateral lungs (SUV Max 4.8) - inflammatory.

\* No abnormal increased FDG uptake noted in CT detected right middle lobe and left lower

lobe pulmonary nodules.

\* No abnormal focal / diffuse FDG uptake seen in rest of lymph nodes, liver, spleen,

adrenal glands & skeleton imaged up to mid thigh.

\* Normal physiological FDG uptake seen in brain, pharyngeal tonsils, vocal cords,

myocardium, liver, intestinal loops, kidneys and urinary bladder.

CT FINDINGS:

Brain:

\* Normal neuroparenchyma. No focal lesion.

Neck:

\* Post OP changes noted.

\* There is ill defined soft tissue density minimally enhancing lesion noted in left retromolar

trigone (17 x 13 mm)

\* Soft tissue densities noted at OP site, on both sides of mandible.

\* Bilateral level IB, left level II lymph nodes seen largest measures 28 x 17 mm on right side (level IB)

\* Oropharynx, nasopharynx, laryngopharynx and thyroid gland appear normal.

\* Common carotid artery and internal jugular vein appear normal.

Chest:

\* Small left axillary lymph node noted.

\* Patchy areas of consolidation with fibrosis noted in bilateral apical region of both lungs.

\* Small nodules noted in lateral segment of middle lobe and post basal segment of left lower lobe.

\* Rest of lung parenchyma appears normal.

\* Mediastinum is central.

\* Cardia and major vessels are normal.

\* No pleural effusion.

Abdomen:

\* Liver, gall bladder, spleen and pancreas appear normal.

\* Adrenals, kidneys and urinary bladder appear normal.

\* No retroperitoneal mass lesion.

\* No significant lymphadenopathy.

\* Contrast filled bowel loops are normal.

**CONCLUSION :**

\* FDG AVID SOFT TISSUE DENSITY LESION AT POST OP SITE INVOLVING

MANDIBULAR REGION ON BOTH SIDES - METABOLICALLY ACTIVE RECURRENT

PRIMARY MALIGNANCY.

\* FDG AVID ILL DEFINED MINIMALLY ENHANCING SOFT TISSUE DENSITY LESION IN

LEFT RETROMOLAR TRIGONE REGION - ? METABOLICALLY ACTIVE

METASTASIS/NEW PRIMARY MALIGNANCY.

\* FDG AVID BILATERAL LEVEL IB AND LEFT LEVEL II CERVICAL LYMPH NODES -

METABOLICALLY ACTIVE CERVICAL LYMPH NODAL METASTASIS.

\* CT DETECTED SMALL NODULES IN RIGHT MIDDLE LOBE AND LEFT LOWER LOBE

LUNGS ARE FDG NON AVID.WARRANTS FOLLOW-UP EVALUATION.

\* NO EVIDENCE OF FDG AVID DISTANT METASTASIS.

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| **Date of Admission :**19/12/2012 | **Date of Procedure :**20/12/2012 |

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| **Date of Discharge :**02/01/2013 |

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

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| **DIAGNOSIS :** |
| Carcinoma alveolus. |

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| **PROCEDURE DONE :** |
| Wide local Excision + Segmental Mandibulectomy + Inter Maxillary Fixation and Teeth Extraction + Bilateral Neck dissection (Levels I-IV) + Free Fibula Flap + Tracheostomy on 20.12.2012 under GA |

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| **HISTORY :** |
| 68 year old Mr.Palaniappan was seen in our Head and Neck OPD with complaints of ulcer in the anterior mandible since three months. Patient was evaluated in Mahatma Gandhi dental college, Puducherry and then referred to JIPMER for management. Seen in Surgical Oncology JIPMER and planned for Wide local excision + Segmental mandibulectomy + fibula flap. Then he came here for further management |

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| **PAST HISTORY :** |
| HTN,CAD,DM |

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| **CLINICAL EXAMINATION :** |
| On examination No trismus. Growth in the anterior mandible with extension with the GB sulcus 4 x 3 cms. Rest of oral cavity - nad Neck no nodes. |

**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** |
| 19/12/2012 | 13.6 | 42.2 | 206.0 | 8.04 | 53.5 | 34.3 | 5.72 | - |
| 21/12/2012 | 13.1 | 39.3 | 146.0 | 9.42 | 83.9 | 10.5 | 0.026 | - |
| 22/12/2012 | 10.3 | 29.9 | 136.0 | 14.0 | 78.0 | 14.1 | 0.066 | - |
| 23/12/2012 | 9.61 | 28.1 | 142.0 | 13.4 | 79.5 | 12.9 | 0.258 | - |
| 24/12/2012 | 9.9 | 29.9 | 156.0 | 13.9 | 73.1 | 17.4 | 0.933 | - |
| 26/12/2012 | 9.3 | 27.7 | 228.0 | 13.7 | 73.4 | 14.4 | 2.41 | - |

**Renal Function Test and Serum Electrolytes:**

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| --- | --- | --- | --- | --- |
| **Date:** | **Urea: mg/dl** | **Creatinine: mg/dl** | **Na+: mEq/L** | **K+: mEq/L** |
| 19/12/2012 | 17.9 | 1.00 | 132.6 | 4.0 |
| 20/12/2012 | - | - | 136.5 | 4.0 |
| 21/12/2012 | 15.9 | 0.72 | 137.6 | 4.2 |
| 22/12/2012 | - | - | 132.5 | 3.9 |
| 23/12/2012 | - | - | 133.0 | 3.4 |
| 24/12/2012 | - | - | 130.7 | 3.5 |

Date: 26/12/2012

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| RBC-COUNT-Blood : 3.07 M/uL | MCV-Blood : 90.3 fL |

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| MCH-Blood : 30.3 pg | MCHC-Blood : 33.5 g/dl |

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| --- | --- |
| RDW-Blood : 18.1 % | MPV-Blood : 8.62 fL |

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| MONO -Blood : 8.97 % | BASO-Blood : 0.829 % |

Date: 24/12/2012

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| RBC-COUNT-Blood : 3.33 M/uL | MCV-Blood : 89.6 fL |

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| MCH-Blood : 29.7 pg | MCHC-Blood : 33.2 g/dl |

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| RDW-Blood : 17.5 % | MPV-Blood : 9.19 fL |

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| MONO -Blood : 8.1 % | BASO-Blood : 0.466 % |

Date: 23/12/2012

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| RBC-COUNT-Blood : 3.19 M/uL | MCV-Blood : 88.1 fL |

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| --- | --- |
| MCH-Blood : 30.1 pg | MCHC-Blood : 34.2 g/dl |

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| RDW-Blood : 18.3 % | MPV-Blood : 8.12 fL |

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| MONO -Blood : 7.01 % | BASO-Blood : 0.271 % |

Date: 22/12/2012

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| RBC-COUNT-Blood : 3.3 M/uL | MCV-Blood : 90.7 fL |

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| MCH-Blood : 31.2 pg | MCHC-Blood : 34.4 g/dl |

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| RDW-Blood : 17.7 % | MPV-Blood : 7.9 fL |

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| MONO -Blood : 7.17 % | BASO-Blood : 0.579 % |

Date: 21/12/2012

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| HB A1C[Glycated Hemoglobin]Whole Blood : 7.7 % | RBC-COUNT-Blood : 4.37 M/uL |

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| MCV-Blood : 89.8 fL | MCH-Blood : 29.9 pg |

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| MCHC-Blood : 33.2 g/dl | RDW-Blood : 19.0 % |

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| MPV-Blood : 9.06 fL | MONO -Blood : 5.39 % |

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| BASO-Blood : 0.157 % | RBC-COUNT-Blood : 4.38 M/uL |

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| MCV-Blood : 91.4 fL | MCH-Blood : 30.6 pg |

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| --- | --- |
| MCHC-Blood : 33.5 g/dl | RDW-Blood : 17.6 % |

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| MPV-Blood : 7.19 fL | MONO -Blood : 5.61 % |

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| BASO-Blood : 0.383 % |  |

Date: 20/12/2012

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| Glucose [R]-Plasma : 102.3 mg/dl |  |

Date: 19/12/2012

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| Blood typing; ABO and RhD : B Rh D Negative | Compatibility test; cross match complete (3 tests) : Compatible |

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| HBs Ag Test - Emergency Screen : 0.06 Non Reactive | Anti HCV - Emergency Screen : 0.07 Non Reactive |

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| HIV - Emergency Screen(P24 Ag and HIV 1 and 2 Ab) : 0.07 Non Reactive | Glucose [R]-Plasma : 159.5 mg/dl |

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| PT[Prothrombin Time with INR]-Plasma : 15.3/14.60/1.06 sec | RBC-COUNT-Blood : 4.48 M/uL |

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| --- | --- |
| MCV-Blood : 94.3 fL | MCH-Blood : 30.3 pg |

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| MCHC-Blood : 32.1 g/dl | RDW-Blood : 15.1 % |

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| MPV-Blood : 7.39 fL | MONO -Blood : 5.54 % |

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| BASO-Blood : 0.953 % |  |

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| MDCT HEAD, NECK AND CHEST - CONTRAST: Date : 04/12/2012 Clinical information: Mandibular lesion under evaluation. Lytic destructive lesion with large soft tissue component (2.2 x 3.5cm) noted involving the mid-mandible with no areas of calcification / cystic areas. It causes destruction of the anterior cortex with extension into the tooth sockets . No obvious extension seen in to the floor of mouth. Multiple nodes some of which are necrotic noted in the bilateral level II and III. No calcification. Rest of the visualized bony and soft tissues of neck are normal. Chest:Normal mediastinal vascular structures. The hila are normal. The tracheobronchial tree is normal. Normal lung parenchyma. No pleural pathology. Chest wall is normal. Visualized upper abdomen and bones are normal. IMPRESSION Study shows a destructive mandibular lesion with soft tissue component with no lung pathology. Possibilities are Plasmocytoma. Lymhoma. Surgical Pathology Report Date of sample collection :03/12/2012 Received on :03/12/2012 Reported Date :04/12/2012 Histology Lab No :S12-13068 Clinical Impression : Case of carcinoma alveolus Gross Description : Received for review is one slide only labelled as "14329/12". Microscopic Description : Section shows tissue lined by stratified squamous epithelium showing features of dysplasia and an invasive neoplasm arising from it and infiltrating the stroma in trabeculae, cords and nests. Individual cells have moderate cytoplasm, pleomorphic nuclei with coarse chromatin and irregular nuclear borders and indistinct cell borders. Individual cell keratinization and formation of keratin pearls are also noted. Stroma shows dense acute and chronic inflammatory reaction Impression : Slide review "103/12":- Moderately differentiated squamous cell carcinoma |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| Patient was evaluated. MDCT Head, Neck and Chest contrast was done on 4-12-2012, which showed as a destructive mandibular lesion with soft tissue component with no lung pathology.Possibilities are Plasmocytoma,Lymhoma. Biopsy done (3-12-2012) reported as Moderately differentiated squamous cell carcinoma. His case was discussed in Head and Neck tumour board and planned for surgery. He underwent Wide local Excision + Segmental Mandibulectomy + Inter Maxillary Fixation and Teeth Extraction+ Bilateral Neck dissection (Levels I-IV) + Free Fibula Flap + Tracheostomy Under GA done on 20-12-2012. Post operative period was uneventful. Tracheostomy tube was decannulated on the fifth postoperative day. On the eight postoperative day he was started and Ryles tube removed at the time of discharge. Radiation Oncology consultation sought for planning adjuvant treatment. Dental consultation sought for Pre RT dental prophylaxis. At the time of discharge: Vitals stable,afebrile, all sutures removed, taking orally |

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| **OPERATIVE FINDINGS :** |
| Wide local Excision + Segmental Mandibulectomy + Inter Maxillary Fixation and Teeth Extraction+ Bilateral Neck dissection (Levels I-IV) + Free Fibula Flap + Tracheostomy Under GA done on 20.12.2012. Anastamosis: Done from flap to Facial artery and Vein. Procedure: Patient under GA. Four broken and infected teeth over left upper alveolus extracted, Gingival flaps sutured.Intermaxillary fixation done. Neck crease incision given on either side.Subplatysmal flaps elevated. Submental fibrofatty tissue dissected and displaced inferiorly. Facial artery and vein ligated and cut. Submandibular duct divided and ligated. Submandibualr fibrofatty tissue along with the submandibular gland dissected out. SCM dissected on its medial border to expose the Spinal accessory nerve, internal jugular vein and the carotid artery. Dissection continued inferiorly till omohyoid cross over separating the specimen from the IJV, carotid sheath, vagus and hypoglossal while proceeding medially. Specimen completely separted from the IJV and delivered. Hemostasis confirmed. Drain placed in situ. Preplating Anterior Segmental Mandiblectomy with Wide Local excision of Anterior Floor of mouth performed. Defect reconstructed with |

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| **PROGNOSIS ON DISCHARGE :** |
| GOOD |
| **DIET RECOMMENDATIONS :** | |
| Soft + Liquid diet | |

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| **PHYSICAL ACTIVITY :** |
| NORMAL |

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| **DISCHARGE MEDICATION :** |
| Tab. Pan 20mg 1-0-1 x 3 days Tab. Dolo 650mg SOS(6) for pain Inj. Insugen 50/50 12-0-12 units S/c to be continued Tab. Enalam 2.5 mg 1-0-0 to be continued Tab. Astin 40 mg 0-0-1 to be continued Hexidine mouth gargles fourth hourly |

**TUMOUR BOARD DISCUSSION**

**DOA :** 05/12/2012 **DOS :** 05/12/2012 **DOD :** 05/12/2012

**Date of tumor board discussion :** 05/12/2012

**Agreed Plan of management :**

05.012.2012 - Segmental Mandibulectomy + B/L ND + DCIA Flap + Dental clearance intra op+ Adj RT.

To do OPG, Dental prophylaxis.

MRD

**Progress Notes**

**Date : 09/01/2013**

**ProgressNotes :**

DIAGNOSIS :

Carcinoma alveolus.

PROCEDURE DONE :

Wide local Excision + Segmental Mandibulectomy + Inter Maxillary Fixation and Teeth Extraction + Bilateral

Neck dissection (Levels I-IV) + Free Fibula Flap + Tracheostomy on 20.12.2012 under GA

HPR : prov Anterior Mandibulectomy + bilateral neck dissection:-

- Moderately differentiated squamous cell carcinoma.

- Tumor size 1.5x2x3cm

- No lymphovascular emboli / perineural invasion seen.

- Depth of invasion 2.5cm

- Bone invasion is seen

- 5/45 nodes positive for metastasis, 3 nodes show perinodal spread

pT4aN2bMx. (FURTHER SECTIONS FROM BONE AWAITED).

Adv-wounds healed well

tracheostomy site patent - sutured with a single 3-0 ethilon

fibula site healing

SSG site healed

wants to take adjuvant rx outside

to review

**Progress Notes**

**Date : 06/01/2021**

**ProgressNotes :**

Patient expired 7 years back