**Radiology Report**

**Created Date:** 30/01/2017

**Study Done:**

**CT CHEST PLAIN**

*Clinical info: Ca Buccal Mucosa*

Bilateral lung fields appear normal.

No evidence of any lung nodule.

Bilateral tracheo bronchial tree appears normal.

Bilateral hila appears normal.

No evidence of any pleural effusion.

No evidence of any chest wall abnormality.

Visualized bones appear normal.

**Impression:**

• **No evidence of any lung nodule.**

**Radiology Report**

**Created Date:** 31/01/2017

**Study Done:**

**MRI NECK - CONTRAST**

***Case of carcinoma left cheek.***

Soft tissue thickening seen in the left cheek with oro cutaneous fistula and lesion extending to both superior and

inferior alveolus extending from the level of canines anteriorly to the retromolar trigone posteriorly. Alveolar

margin and left ramus of mandible and alveolus of left maxilla appear eroded. Upper alveolar lesion infiltrates

the masticator muscles. No intracranial extension.

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

Carotid and jugular vessels appear normal.

Pharynx and larynx appear normal.

Both parotid and submandibular salivary gland appear normal.

Suggest : Clinical correlation.

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 02/02/2017

**Received on :** 02/02/2017

**Reported Date :** 14/02/2017

**Clinical Impression :**

Ca. buccal mucosa (post chemotherapy)

**Gross Description :**

Received fresh is a specimen labelled "Preauricular soft tissue", consists of fibrofatty tissue measuring

1.3x0.8x0.9cm.

1 - section

1 - imprint

Frozen read as - Negative

Subsequently received in formalin are 10 specimens.

The Ist specimen labelled as "WLE + Segmental Mandiblectomy + Maxillectomy + ITF clearance + Left level I

B" consists of the same with attached soft tissue, whole specimen measuring 11.5 x 12 x 5.5 cm. A grey white

soft exophytic lesion is seen over the skin surface with ulceration and central perforation . This lesion has

extended from the lateral buccal mucosa and is measuring 6.5 (A-P) x 5.7 (S-I) x 5.4 x (M-L)cms. Depth of

lesion is 4 cm. Thickness of lesion is 5.4 cm. Lesion is also seen involving the posterior alveolus and RMT. 3

tooth are seen attached each to mandible and maxilla. Lesion also appears to involve the floor of maxillary

antrum. Raw surface inked.

Distance from margins:

Anterior bony margin - 1.8 cm (from mandible)

Posterosuperior bony margin - 3.7 cm (from zygoma)

Posteroinferior bony margin - 3.5 cm (from mandible)

Anterior maxillary bony margin - 1.3 cm (buccal aspect)

Posterosuperior soft tissue margin - 3.7 cm

Inferior soft tissue margin - 3.5 cm

Lateral soft tissue appears involved

Inferomedial soft tissue margin - 1 cm (deep inked)

Superior skin margin - 1.8 cm

Inferior skin margin - 1.8 cm

Posterior skin margin - 2.7 cm

Anterior skin margin - 2.5 cm

Medial mucosal margin (lingual aspect) - 1 cm

Superolateral mucosal margin (buccal aspect)- 2 cm

Anterolateral mucosal margin - 1 cm

Posterior mucosal margin appears involved

Anterior wall of maxillary sinus - 2.1 cm

Posterior wall of maxillary sinus - 1.2 cm

Medial wall of maxillary sinus - 0.7 cm

Lateral wall of maxillary sinus - 2.3 cm

Representative sections are submitted as follows:

A1 - Superior skin margin radial

A2 - Inferior skin margin radial

A3 - Anterior skin margin shaved

A4 - Posterior skin margin shaved

A5 - Superior soft tissue margin shaved

A6 - Inferior soft tissue margin shaved

A7 - Lateral soft tissue with skin

A8 - Medial soft tissue

A9 - Medial mucosal margin shaved

A10 - Anterior mucosal margin shaved

A11 - Posterior mucosal margin

A12 - Lateral mucosal margin shaved

A13 - A14 - Anterior bony margin shaved (from mandible)

A15 - Anterior maxillary bony margin shaved

A16 - Posterior superior bony margin zygoma (shaved)

A17 - Posterior inferior bony margin shaved (from mandible)

A18 - A19 - Lesion involving floor of sinus maxillary

A20 - Maxillary sinus (anterior wall shaved)

A21 - Maxillary sinus (posterior wall shaved)

A22 - Maxillary sinus (medial wall shaved)

A23 - Maxillary sinus (lateral wall shaved)

Specimen II labelled as "Level I A" consists of nodular fibrofatty tissue measuring 1.5 x 1.2 x 0.8 cm. 2 Lymph

nodes identified, largest measuring 1.8 cm in greatest dimension. Smallest measuring 1.3 cm in greatest

dimension. Entire specimen submitted as follows

B1 - 1 Lymph node, bisected

B2 - 1 Lymph node, bisected

Specimen III labelled as "Left level II A Lymph node" consists of 3 nodular fibrofatty tissue in aggregate

measuring 4 x 3.2 x 1.2 cm. 7 Lymph nodes identified, largest measuring 2 cm in greatest dimension. Smallest

measuring 0.3 cm in greatest dimension. Also seen a cystic structure with whitish material with in measuring 2

cm in greatest dimension. Representative sections are submitted as follows

C1 - C2 - Cystic structure with whitish material

C3 - 1 Lymph node, bisected

C4 - 1 Lymph node, bisected

C5 - 3 Lymph nodes

C6 - 2 Lymph nodes

CFB1-2 - cystic node

CFB3-4 - 2 nodes

Specimen IV labelled as "Left level II B" consists of nodular fibrofatty tissue measuring 3 x 2 x 1 cm. 4 Lymph

nodes identified, largest measuring 0.5 cm in greatest dimension, smallest measuring 0.3 cm in greatest

dimension. Representative sections are submitted as follows

D1 - 2 Lymph nodes

D2 - 2 Lymph nodes

Specimen V labelled as "Left level III" consists of nodular fibrofatty tissue measuring 2.8 x 2 x 0.8 cm. 5 Lymph

nodes identified. Largest measuring 1.3 cm in greatest dimension. Smallest measuring 0.3 cm in greatest

dimension. Entire specimen submitted as follows

E1 - 2 Lymph nodes

E2 - 3 Lymph nodes

Specimen VI labelled as "Left level 4 Lymph nodes" consists of 2 nodular fibrofatty tissue in aggregate

measuring 3.3 x 2.7 x 1 cm. 6 Lymph nodes identified, largest measuring 1.5 cm in greatest dimension. Smallest

measuring 0.4 cm in greatest dimension. Representative sections are submitted as follows

F1 - 1 Lymph node, bisected

F2 - 1 Lymph node

F3 - 2 Lymph nodes

F4 - 2 Lymph nodes

Specimen VII labelled as "Right level I B" consists of nodular fibrofatty tissue measuring 3.6 x 3.3 x 2.5 cm. 4

Lymph nodes identified along with salivary gland tissue. Largest Lymph node measuring 1.1 cm in greatest

dimension. Smallest measuring 0.4 cm in greatest dimension. Salivary gland measuring 3.7 x 3 x 2.3 cm.

Representative sections are submitted as follows

G1 - 1 Lymph node, bisected

G2 - 1 Lymph node, bisected

G3 - 2 Lymph nodes

G4 - Salivary gland

Specimen VIII labelled as "Right level II A Lymph node" consists of nodular fibrofatty tissue measuring 3.5 x

3.5 x 2.4 cm. 8 Lymph nodes identified, largest measuring 1.3 cm in greatest dimension, smallest measuring 0.3

cm in greatest dimension. Representative sections are submitted as follows

H1 - 2 Lymph nodes

H2 - 2 Lymph nodes

H3 - 2 Lymph nodes

H4 - 2 Lymph nodes

Specimen IX labelled as "Right level II B Lymph node" consists of nodular fibrofatty tissue measuring 1.5 x 1.5

x 1.3 cm. 3 Lymph nodes identified. Largest measuring 0.7 cm in greatest dimension. Smallest measuring 0.3 cm

in greatest dimension. Entire specimen submitted in cassette J.

Specimen X labelled as "Right level III Lymph nodes" consists of nodular fibrofatty tissue measuring 3.5 x 1.5 x

1 cm. 5 Lymph nodes identified. Largest measuring 0.8 cm in greatest dimension. Smallest measuring 0.2 cm in

greatest dimension. Representative sections are submitted as follows

K1 - 2 Lymph nodes

K2 - 3 Lymph nodes

(Dr. Hareesh /Son)

**Microscopic Description :**

Section shows an infiltrating neoplasm composed of cells arranged in irregular nests, sheets and trabecular

pattern. The cells are moderately pleomorphic with round to oval shaped nuclei, distinct nuclear membrane,

vesicular chromatin, multiple prominent nucleoli and abundant granular eosinophilic cytoplasm. A very few

keratin pearls noted. Bizarre cells and atypical cells seen. Stroma is desmoplastic with focal dense

lymphoplasmacytic infiltration. No areas of necrosis noted. No perineural invasion or lymphovascular invasion

noted.

**Impression :**

WLE buccal mucosa + Segmental Mandiblectomy + Maxillectomy + ITF clearance :

Moderately differentiated squamous cell carcinoma

Tumour size - 6.5 x 5.7 x 5.4cm

Depth of invasion - 4 cm

Thickness - 5.4 cm

LVE and PNI - not seen

Margin clearance :

Margin involved :posteromedial mucosal margin

Anterior bony margin - 1.8 cm ( mandible)

Posterior bony margin - 3.7 cm ( mandible)

Anterior maxillary bony margin - 3 cm

Superior soft tissue margin - 3.7 cm

Inferior soft tissue margin - 3.5 cm

Medial (deep inked) soft tissue margin - 1 cm

Superior skin margin - 1.8 cm

Inferior skin margin - 1.8 cm

Posterior skin margin - 2.7 cm

Anterior skin margin - 2.5 cm

Medial mucosal margin - 1 cm

Lateral mucosal margin - 2 cm

Anterior mucosal margin - 1 cm

Overlying skin - involved

Lymph nodes

B : Level I A Lymph node - 2 Lymph nodes identified - Free of tumour

C : Left level II A - 9 Lymph nodes identified - 2/9 nodes show metastatic deposits

ECS- absent

D : Left level II B - 4 Lymph nodes - Free of tumour

E : Left level III - 5 Lymph nodes - Free of tumour

F : Left level IV - 6 Lymph nodes - Free of tumour

G : Right level I B - 4 Lymph nodes - Free of tumour

H : Right level II A - 8 Lymph nodes - Free of tumour

J. Right level IIB- Single lymph node- Free of tumour

K : Right level III - 5 Lymph nodes - Free of tumour

Largest metastatic focus - 1.2 cms

yT4N2b

**WHOLE BODY PET CT IMAGING REPORT**

**PROCEDURE :**

6.2 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: 104 mg / dl

**FINDINGS :**

PET FINDINGS:

\* Abnormal increased FDG uptake in minimally enhancing soft tissue adjacent to postoperative

site on left side extending upto left lateral wall of nasopharynx and inferiorly extending into

parapharyngeal space with involvement of valeculae, aryepiglottic fold (SUV Max 8.2).

\* Abnormal increased FDG uptake in prevertebral lymph node at C1 level (SUV Max 3.3).

\* Abnormal increased FDG uptake in multiple nodules in left lung lower lobe and left

lingular lobe (SUV Max 2.1).

\* Abnormal increased FDG uptake in hypodense lesion in segment of VI of liver (SUV Max 4.3).

\* No abnormal focal / diffuse increased FDG uptake seen in rest of lymph nodes, right lung,

spleen, adrenal glands and skeleton imaged upto mid thigh.

\* Normal physiological FDG uptake seen in brain, myocardium, rest of liver, intestinal loops,

kidneys and urinary bladder.

CT FINDINGS:

Brain:Normal neuroparenchyma. No focal lesion.

Neck:

\* Post operative flap noted.

\* Minimally enhancing soft tissue noted adjacent to posteoperative site on the left side

extending upto left lateral wall of nasopharynx and inferiorly extending into parapharyngeal

space with involvement of valeculae, aryepiglottic fold.

\* Enahancing prevertebral lymph node noted at the level of C1.

\* No other significant lymph nodes noted. Thyroid gland appears normal.

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

Chest:

\* Multiple nodules noted involving left lower lobe and lingular lobe.

\* Rest of lung fields appear clear. No focal lesion.

\* Mediastinum is central. Cardia and major vessels are normal. No pleural effusion.

Abdomen:

\* Hypodense lesion measuring 20 x 20 mm noted involving segment VI of liver.

\* Gall bladder, spleen, pancreas, adrenals, kidneys and urinary bladder appear normal.

\* No retroperitoneal mass lesion. No significant lymph nodes.

\* Contrast filled bowel loops are normal.

Bones:

\* Sclerotic lesion noted in right iliac bone - probably bone island. No lytic lesions.

**CONCLUSION :**

\* FDG AVID MINIMALLY ENHANCING SOFT TISSUE ADJACENT TO POSTOPERATIVE

SITE ON LEFT SIDE EXTENDING UPTO LEFT LATERAL WALL OF NASOPHARYNX

AND INFERIORLY EXTENDING INTO PARAPHARYNGEAL SPACE WITH INVOLVEMENT

OF VALECULAE, ARYEPIGLOTIC FOLD

- METABOLICALLY ACTIVE RECURRENT PRIMARY ORAL MALIGNANCY.

\* FDG AVID PREVERTEBRAL LYMPH NODE AT THE LEVEL OF C1 VERTEBRA

- METABOLICALLY ACTIVE LYMPH NODAL METASTASES.

\* FDG AVID MULTIPLE NODULES IN LEFT LUNG - METABOLICALLY ACTIVE

LEFT PULMONARY METASTASES.

\* FDG AVID HYPODENSE LESION IN SEGMENT VI OF LIVER - METABOLICALLY

ACTIVE HEPATIC METASTASES.

\* NO OTHER FDG AVID LYMPH NODAL OR ANY OTHER DISTANT METASTASES.

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| **Date of Admission :**01/02/2017 | **Date of Procedure :**02/02/2017 |

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| **Date of Discharge :**13/02/2017 |

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

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| **DIAGNOSIS :** |
| CA left Buccal mucosa (Final HPR awaited) |

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| **PROCEDURE DONE :** |
| WLE (with left segmental mandibulecomy + left Iinfrastructure maxillectomy) + B/L ND + infra temporal fossa clearance + ALT reconstruction under GA on 02.02.17 |

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| **HISTORY :** |
| 48 yr old male patient presented with h/o left sided cheek ulcer seen - since December 2016 was given Cetuximab /Paclitaxel/Carboplatin weekly - 4 cycles last cycle was done on Jan 17 , 2017 no response , hence have come here for further management Biopsy -WDSCC no comorbidities No habits |

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| **PERSONAL HISTORY :** |
| No habits of Alcohol, Smoking, Gutkha, or pan chewing. No co-morbidity No h/o DM,HTN,TB,DLP, Asthma, seizures, thyroid disorder, CAD,CVA Good effort tolerance No recent chest infection Normal bowel and bladder habits |

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| **CLINICAL EXAMINATION :** |
| l/e: KPS score- 80 cachexia++ loss of weight +++ pallor++ l/e: ulceroproliferative lesion in left cheek of appr size 10x8 cm with orocutaneous fistula the lesion is reaching 1cm behind the oral commissure , involving the maxilla and mandible posteriorly lesion is seen to involve the RMT area. BOT, vallecula and larynx free of the lesion. neck - no nodes palpable, fibrosis ++ skin reactions++ (Cetuximab related) |

**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** |
| 03/02/2017 | 9.1 | 25.6 | 117 | 2.35 | 52.8 | 36.2 | 0.4 | - |
| 04/02/2017 | 10.7 | 31.4 | 158 | 15.7 | 78.8 | 13.2 | 0.0 | - |
| 05/02/2017 | 9.5 | 25.9 | 289 | 13.70 | 85.7 | 9.6 | 0.1 | - |
| 06/02/2017 | 10.3 | 30.0 | 156 | 13.68 | 85.1 | 10.8 | 0.6 | - |
| 07/02/2017 | 10.6 | 31.7 | 152 | 6.2 | 60.1 | 26.8 | 1.2 | - |
| 08/02/2017 | 10.2 | 30.6 | 163 | 5.76 | 64.9 | 26.0 | 1.0 | - |
| 09/02/2017 | 9.7 | 29.6 | 211 | 6.37 | 64.3 | 27.5 | 0.8 | - |

**Liver Function Test:**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
| 04/02/2017 | 0.66 | 0.23 | 19.1 | 13.1 | 43.8 | 3.26 | 1.75 | 1.5 |
| 05/02/2017 | 0.37 | 0.11 | 29.3 | 10.9 | 48.8 | 3.44 | 1.92 | 1.5 |

**Renal Function Test and Serum Electrolytes:**

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| **Date:** | **Urea: mg/dl** | **Creatinine: mg/dl** | **Na+: mEq/L** | **K+: mEq/L** |
| 03/02/2017 | 17.3 | 0.48 | 136.0 | 3.8 |
| 04/02/2017 | - | - | 138.2 | 3.4 |
| 05/02/2017 | - | - | 140.2 | 3.1 |
| 06/02/2017 | - | - | 138.1 | 3.9 |
| 07/02/2017 | - | - | 137.6 | 3.6 |
| 09/02/2017 | - | - | 140.8 | 3.7 |

Date: 09/02/2017

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| RBC-COUNT-Blood : 3.33 M/uL | MCV-Blood : 88.9 fL |

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| MCH-Blood : 29.1 pg | MCHC-Blood : 32.8 g/dl |

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| --- | --- |
| RDW-Blood : 15.5 % | MPV-Blood : 9.9 fL |

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| MONO -Blood : 6.9 % | BASO-Blood : 0.5 % |

Date: 08/02/2017

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| RBC-COUNT-Blood : 3.41 M/uL | MCV-Blood : 89.7 fL |

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| MCH-Blood : 29.9 pg | MCHC-Blood : 33.3 g/dl |

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| RDW-Blood : 15.9 % | MPV-Blood : 9.9 fL |

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| MONO -Blood : 7.6 % | BASO-Blood : 0.5 % |

Date: 07/02/2017

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| RBC-COUNT-Blood : 3.51 M/uL | MCV-Blood : 90.5 fL |

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| MCH-Blood : 30.2 pg | MCHC-Blood : 33.4 g/dl |

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| RDW-Blood : 15.9 % | MPV-Blood : 7.7 fL |

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| MONO -Blood : 11.4 % | BASO-Blood : 0.5 % |

Date: 06/02/2017

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| Corrected Calcium : 8.6 mg/dl | RBC-COUNT-Blood : 3.43 M/uL |

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| MCV-Blood : 87.5 fL | MCH-Blood : 30.0 pg |

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| MCHC-Blood : 34.3 g/dl | RDW-Blood : 16.0 % |

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| MPV-Blood : 9.9 fL | MONO -Blood : 3.1 % |

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| BASO-Blood : 0.4 % |  |

Date: 05/02/2017

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| RBC-COUNT-Blood : 3.00 M/uL | MCV-Blood : 86.3 fL |

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| MCH-Blood : 31.7 pg | MCHC-Blood : 36.7 g/dl |

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| RDW-Blood : 16.2 % | MPV-Blood : 11.4 fL |

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| MONO -Blood : 3.9 % | BASO-Blood : 0.7 % |

Date: 04/02/2017

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

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| HBs Ag Test - Emergency Screen : 0.14 : Non reactive | Anti HCV - Emergency Screen : 0.09 : Non reactive |

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| HIV - Emergency Screen(P24 Ag and HIV 1 and 2 Ab) : 0.18 : Non reactive | PT[Prothrombin Time with INR]-Plasma : 20.0/14.60/1.51 sec |

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| RBC-COUNT-Blood : 3.54 M/uL | MCV-Blood : 88.7 fL |

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| MCH-Blood : 30.3 pg | MCHC-Blood : 34.2 g/dl |

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| RDW-Blood : 15.0 % | MPV-Blood : 8.3 fL |

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| MONO -Blood : 7.6 % | BASO-Blood : 0.4 % |

Date: 03/02/2017

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| hs Troponin I : 0.003 ng/ml | Creatine kinase (CK), Total-Serum : 195.3 U/L |

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| Creatine kinase (CK), MB frac : 14.1 U/L | PT[Prothrombin Time with INR]-Plasma : 19.5/14.60/1.46 sec |

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| RBC-COUNT-Blood : 2.99 M/uL | MCV-Blood : 85.6 fL |

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| MCH-Blood : 30.4 pg | MCHC-Blood : 35.5 g/dl |

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| RDW-Blood : 15.8 % | MPV-Blood : 9.6 fL |

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| MONO -Blood : 10.2 % | BASO-Blood : 0.4 % |

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| PT[Prothrombin Time with INR]-Plasma : 24.3/14.60/1.94 sec | RBC-COUNT-Blood : 3.49 M/uL |

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| --- | --- |
| MCV-Blood : 86.2 fL | MCH-Blood : 29.5 pg |

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| --- | --- |
| MCHC-Blood : 34.2 g/dl | RDW-Blood : 15.3 % |

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| MPV-Blood : 9.8 fL | MONO -Blood : 6.1 % |

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| BASO-Blood : 0.2 % |  |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| Patient came to Head and Neck OPD with above mentioned complaints. He was clinically and radiologically evaluated. His case was discussed in Tumour board. He was surgically treated. WLE (with left segmental mandibulecomy + left Iinfrastructure maxillectomy) + B/L ND + ITF and temporal fossa clearance + ALT reconstruction under GA done on 02.02.17. His peri-operative and post-operative periods were uneventful. At the time of discharge- afebrile, atable, PEG tube in situ. |

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| **OPERATIVE FINDINGS :** |
| WLE (with left segmental mandibulecomy + left Iinfrastructure maxillectomy) + B/L ND + ITF and temporal fossa clearance + ALT reconstruction under GA surgeons: DR KK/ DB, Dr Jimmy, Dr Akshay, Dr Samskruthi findings: ulceroproliferative lesion involving left cheek 4x5cm and whole buccal mucosa, left level IB extending to left ITF and left temoral fossa procedure: WLE done to include 1cm skin margin leaving behind skin defect of 7x8cm from left 1.5cm lateral to commissure to ramus of mandible skin vertically from 1cm superior of zygoma to hyoid, mucosal defect extended from mucosa 1cm posterior to commissure to retromolar area vertically from hard palate to lateral edge of FOM. segmental mandibulectomy done from left canine to TMJ (condyle included in specimen). after completing skin, mucosal and bone cuts , mandible swung laterally. left infrastructure maxillectomy done to clear ITF roof and pterygoid fossa. Zygomatic arch inculded in specimen. temporalis muscle detached from superior attachment to included in specimen. superficial parotid gland (along with zygomatic and buccal branch)also included in the specimen. inferiorly level IB and level IA included in specimen, Left IJV, CCA traced. left ECA ligated just above superior thyroid artery.Tumour abbuting left ICA was elevated off ICA. after acheiving vascular control whole specimen detached from roof ITF and delivered in total. no FOM/ tongue defect. left SND from level II, III, VB, IV, right level IB-IV done. b/l level II, IV nodes enlarged, right prefacial node enlarged. Harvested ALT flap inset done . Wound closed in layers. ALT with vastus lateralis flap for reconstruction of Hemi-mandibulectomy with infrastructure maxillectomy defect. Procedure notes: flap markings done, perforator marked with hand doppler. flap dimensions- 24X13 cms. medial incision placed depened to reach the muscle fascia, rectus femoris & vastus lateralis identified, separated to reach the pedicle. Two perforatos identified both musculocutanoeus, vastus lateralis divided proximally & distally upto the incision sites. entire muscle dissected & harvestd along with flap. Second perforator also dissectd inrtramuscularly to confirm its origin from pedicle. lateral incison placed & flap harvested. Donor site partly close after hemostasis & rest of the area grafted after taking SSG from opposite thigh. dressing given. anastomosis- microansatomsis - artery to facial artery & VC to facial vein. flap inset done. proximal end of flap attached to to the palate & fascia anchored to the infraorbital maxilla by drilling bone with 2.0 prolene. central part of the flap de-epithelised to incorporate the left commisure. closure done in layers over suction drains b/l in neck & glove drain in dependent region. |

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| **PROGNOSIS ON DISCHARGE :** |
| Afebrile Stable GC-fair Vitally- stable |
| **PREVENTIVE ADVICE (LIFE STYLE MODIFICATION / HEALTH EDUCATION)IF ANY:** | |
| Oral care Left eye care (As advised) | |

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| **DIET RECOMMENDATIONS :** |
| Orally liquid and blend diet allowed Rest diet through PEG @ 1.5 to 2.0 lit/day |

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

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| **DISCHARGE MEDICATION :** |
| Tab. Levoflox 500mg 1-0-0 x 5 days Tab. Dolo 650mg 1-1-1 x 7 days Tab. Pan 20mg 1-0-1 x 7 days Chlorhexidine gargles 4-5 times a day x 10 days Prosure protein powder 2 scoops TID x 15 days Tab. B-complex 1tab OD x 1 month Steam inhalation 4-5 times x 1 week Tab. Ultracet 1 tab SOS on pain Refresh tears 2 drops left eye 4-5 times a day x 1 month Genteal eye gel at night with padding at night left eye x 1 month |

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| **PLAN ON DISCHARGE :** |
| Shift patient to guest house. Follow up in OPD (Head and Neck) for dressing, wound care and suture removal. |

**Tumour Board Discussion**

**Date of tumor board discussion :** 01/02/2017

**Relevant clinical details :**

48 yr old male patient presented with:

h/o left sided cheek ulcer seen - since December 2016

was given Cetuximab /Paclitaxel/Carboplatin weekly - 4 cycles

last cycle was done on Jan 17 , 2017

no response , hence have come here for further management

Biopsy -WDSCC

no comorbidities

C+(- ,1yr),S-,Al/

e:growth over posterior edge of flap , involving tonsil reaching upto vallecula

KPS score- 80

cachexia++

loss of weight +++

pallor++

l/e:

ulceroproliferative lesion in left cheek of appr size

10x8 cm with orocutaneous fistula

the lesion is reaching 1cm behind the oral commissure , involving the maxilla and mandible

posteriorly lesion is seen to involve the RMT area.

BOT, vallecula and larynx free of the lesion.

neck - no nodes palpable, fibrosis ++

skin reactions++ (Cetuximab related)

**Other relevant investigations (including metastatic workup) :**

PET Scan(December): locoregional disease only. No distant metastasis

MRI Head and Neck with contrast :Soft tissue thickening seen in the left cheek with oro cutaneous fistula and

lesion extending to both superior and inferior alveolus extending from the level of canines anteriorly to the

retromolar trigone posteriorly. Alveolar margin and left ramus of mandible and alveolus of left maxilla appear

eroded. Upper alveolar lesion infiltrates the masticator muscles. No intracranial extension.

CT Chest with contrast :No e/o lung nodule

Imp:

Ca Buccal mucosa

ycT4aN2bM0

**Agreed Plan of management :**

PET Scan

WLE + Right Segmental mandibulectomy + Right infrastructural maxillectomy + ITF clearance + Right MRND

+ Left SND(1-3)+ ALT flap reconstruction of the defect + Adjuvant

**Tumour Board Discussion**

**Relevant clinical details :**

Relevant clinical details :

48 yr old male patient presented with:

h/o left sided cheek ulcer seen - since December 2016

was given Cetuximab /Paclitaxel/Carboplatin weekly - 4 cycles

last cycle was done on Jan 17 , 2017

no response , hence have come here for further management

Biopsy -WDSCC

no comorbidities

C+(- ,1yr),S-,A

S/P WLE (with left segmental mandibulecomy + left Iinfrastructure maxillectomy) + B/L ND + infra temporal

fossa clearance + ALT reconstruction under GA on 02.02.17

S/P Chemo and RT

Now with Nodal recurrence

Biopsy done , report awaited

IL- proliferative lesion seen in the left oropharynx

**Agreed Plan of management :**

PET-CT

Waiting for PDL1 report

**Head and Neck Operative Notes**

**Date : 12/02/2017**

**ProgressNotes :**

WLE (with left segmental mandibulecomy + left Iinfrastructure maxillectomy) + B/L ND + ITF and temporal

fossa clearance + ALT reconstruction under GA

findings: ulceroproliferative lesion involving left cheek 4x5cm and whole buccal mucosa, left level IB

extending to left ITF and left temoral fossa

procedure: WLE done to include 1cm skin margin leaving behind skin defect of 7x8cm from left 1.5cm lateral

to commissure to ramus of mandible skin vertically from 1cm superior of zygoma to hyoid, mucosal defect

extended from mucosa 1cm posterior to commissure to retromolar area vertically from hard palate to lateral

edge of FOM. segmental mandibulectomy done from left canine to TMJ (condyle included in specimen). after

completing skin, mucosal and bone cuts , mandible swung laterally. left infrastructure maxillectomy done to

clear ITF roof and pterygoid fossa. Zygomatic arch inculded in specimen. temporalis muscle detached from

superior attachment to included in specimen. superficial parotid gland (along with zygomatic and buccal

branch)also included in the specimen. inferiorly level IB and level IA included in specimen, Left IJV, CCA

traced. left ECA ligated just above superior thyroid artery.Tumour abbuting left ICA was elevated off ICA.

after acheiving vascular control whole specimen detached from roof ITF and delivered in total. no FOM/

tongue defect. left SND from level II, III, VB, IV, right level IB-IV done. b/l level II, IV nodes enlarged, right

prefacial node enlarged. Harvested ALT flap inset done . Wound closed in layers

**Progress Notes**

**Date : 13/06/2017**

**ProgressNotes :**

CA left Buccal mucosa

WLE (with left segmental mandibulecomy + left Iinfrastructure maxillectomy) + B/L ND + ITF and temporal

fossa clearance + ALT reconstruction under GA on 02.02.17

S/P : Chemo and RT

Now with Nodal recurrence

Biopsy done , report awaited

IL- proliferative lesion seen in the left oropharynx

Adv

PET CT

Medical oncology

**Progress Notes**

**Date : 16/06/2017**

**ProgressNotes :**

SCC Cheeck

Operated in Mumabi , S/P : Chemo and RT

Now with Nodal recurrence

Biopsy done , report awaited