**Radiology Report**

**Created Date:** 30/12/2020

**Study Done:**

**CT CHEST-CONTRAST**

**Clinical Information: K/C/O carcinoma tongue. To rule out distant metastasis.**

A well defined pulmonary nodule measuring 5mm x 4mm is noted in the anterior segment of the right upper

lobe.

Few small lymph nodes noted in the right upper paratracheal and AP window largest measuring 10x6mm.

No pleural effusion.

Chest wall is normal.

No focal lesions in liver, pancreas and spleen on plain study.

No lytic/ sclerotic lesion in the bones.

**Impression:**

• **Well defined tiny pulmonary nodule in the right upper lobe- suggested follow up.**

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 30/12/2020

**Received on :** 30/12/2020

**Reported Date :** 31/12/2020

**Clinical Impression :**

Slide and block review / Case of Carcinoma outside biopsy- Moderate differentiated squamous cell Carcinoma

**Gross Description :**

Received for review are 5 slide+ 3blocks. Both are labelled as 811/20

811A-A

B-B

C-C

From -Polyclinic

**Microscopy and Impression :**

Wide local excision tongue ( Slide and block review )

-Squamous cell carcinoma- Moderately differentiated

-Tumor size -1.2x0.5x0.5cm (outside report)

-Depth of invasion -0.6cm

-Most pattern of invasion - Type- 4, size-1

-Lymphocytic host response - Type-2, score-1

-Risk group- Intermediate risk

-No LVE/PNI seen. Skeletal muscle infiltration seen

-All submitted margin - free of tumor , closest being 2mm away

-Lymph nodes - Not submitted

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 04/01/2021

**Received on :** 04/01/2021

**Reported Date :** 07/01/2021

**Clinical Impression :**

Carcinoma tongue

**Gross Description :**

Received in formalin are 11 specimens.

A) The Ist specimen labelled as "WLE Right tongue tagged double anterior single superior", consists of same

whole measuring 7cm (Anterior to posterior)x3.3x3cm. An ulcerated area measuring 1.8x1.2cm seen on the

lateral aspect of the mucosa. The specimen is serially sliced from anterior to posterior into 6 slices. Lumen is

seen from slice 2,3,4 and measuring 2(AP)x1.6(depth)x2(ML)cm and it is

0.8cm from closest deep soft tissue margin

2.2cm from anterior mucosal margin

3.2cm from mucosal and soft tissue margin

1.7cm from superior mucosal and soft tissue margin and

1cm from inferior mucosal and soft tissue margin

Depth of invasion 1.1cm.

Representative sections are submitted as follows:

A1-Anterior shaved margin superior half

A2- Anterior shaved margin inferior half

A3 - Posterior shaved margin superior half

A4 - Posterior shaved margin inferior mucosal and soft tissue

A5- Lesion with superior mucosal and soft tissue margin (slice3)

A6- Lesion with inferior mucosal and soft tissue margin (slice 3)

A7 -Lesion with deep resected margin (slice 2)

A8- Lesion in slice 2 with superior mucosal margin

A9 - Slice 4 with superior mucosal and soft tissue margin

A10-Slice 4 with inferior mucosal and soft tissue margin

A11 - Slice 5 with superior mucosal and soft tissue margin

A12- Slice 5 with inferior mucosal and soft tissue margin

B) Specimen II labelled "Level I A " consists of single fiborfatty tissue measuring 4x1.5x1cm. Cut surface -2

lymph nodes measuring 1cm and 0.3cm in greatest dimension. Entire specimen submitted in cassettes B1 to B4.

C) Specimen III labelled "Level I B "consists of 2 tissue bit largest measuring 4x3.2x2cm. Smallest measuring

2.8x1x1cm. Cut surface of largest tissue bit -salivary gland measuirng 3.5x2x1cm. Lymph node measuring 1cm

in greatest dimension. Separately received tissue bit shows 2 lymph nodes measuring 1.5 and 1cm in greatest

dimension. Representative sections are submitted as follows:

C1 & C2 -Salivary gland

C3 - One lymphnode

C4 - One lymph node

C5-One lymph node

D) Specimen IV labelled "Right level IIA " consists of 2 fibrofatty tissue measuring 2x2.5x1cm. Cut surface 6

lymph nodes measuring 1.8,1.2cm,0.8cm, 0.6cm in greatest dimension. Entire specimen submitted in cassettes

D1 to D6.

E) Specimen V labelled "Right level II B "consists of single fibrofatty tissue measuring 2.2x1.5x1cm.Cut surface

single lymph node 1cm in greatest dimension. Entire specimen submitted in cassettes E1 to E3.

F) Specimen VI labelled "Right level III"consists of 3 fibrofatty tissue whole measuring 2.5x1.5x1cm. Cut

surface shows 2 lymph nodes measuring 1.2cm and 1cm in greatest dimension.Entire specimen submitted in

cassettes F1 to F5.

G) Specimen VII labelled "Left level III"consists of 3 tissue bit larger one measuring 4x1.5x1cm. Other 2 tissue

bit measuring 2x1.5x1cm. Cut surface 4 lymph nodes measuring 1.2, 1cm and 1cm in greatest dimension.

Entire specimen submitted in cassettesG1 to G6.

H) Specimen VIII labelled "Left level I B "consists of a single nodule tissue bit measuring 5x2.5x1.8cm. Cut

surface shows salivary gland.Salivary gland measuring 3x5x1.2cm. Cut surface shows 2 lymph nodes

measuring 1.5cm and 1cm in greatest dimension. Representative sections are submitted as follows:

H1 & H2-Salivary gland

H3- Lymph node

H4 -lymph node

H5 - Fibrofatty tissue.

J) Specimen IX labelled "Right level II A" consists of a single tissue bit measuring 1.5x1x1cm. Cut surface

shows 2 lymph nodes measuring 1.2cm and 1cm in greatest dimension. Entire specimen submitted in cassettes

J1 to J5

K)Specimen X labelled "Left level II B " consists of single fibrofatty tissue measuring 2x1.5x0.8cm. Cut surface

shows 2 lymph nodes each measuring 0.8cm in greatest dimension.Entire specimen submitted in cassettes K1 to

K3

L) Specimen XI labelled "Right level IV "consists of a single fibrofatty tissue measuring 2.5x1.5x1cm. Cut

surface shows 3 lymph nodes each measuring 0.8cm, 1cm and 1cm in greatest dimension. Entire specimen

submitted in cassettes L1 to L4.

**Microscopic Description :**

Sections from tongue shows an ulcer with underlying granulation tissue, dense inflammation, collections of giant

cells and regenerating muscle fibers (possibly post excision biopsy changes). Focally ulcer base also show sheets

of spindle cells with ovoid to elongated nuclei, coarse granular chromatin and moderate amount of eosinophilic

cytoplasm. The lesion is away from all mucosal and soft tissue margins,closest being deep soft tissue margin

which is 0.5cm away.

B)Left level I A-One lymph node identified -Reactive -free of tumour

C)Left level I B -Salivary gland tissue identified. 1 lymph node identified -reactive -free of tumour

D)Right level II A -5 lymph nodes identified -Reactive and free of tumour

E)Right level II B - 7 lymph nodes identified - free of tumour

F) Right level III - 10 lymph nodes identified-free of tumour

G) Left level III -7 lymph nodes identified - free of tumour

H) Left level I B -Salivary gland and 2 lymph nodes identified -free of tumour

J) Left level II A - 6 lymph nodes identified -free of tumour

K)Left level II B - 6 lymph nodes identified -free of tumour

L) Right level III - 6 lymph nodes identified free of tumour

Lymph nodes -0/52- reactive and free of tumour

**Impression :**

WLE right lateral tongue (post excision biopsy status) + Bilateral selective lymph node dissection :

- Post excision biopsy changes with peritumoral inflammation and fibrosis seen. No residual tumor seen

-All mucosal and soft tissue margins are clear.

-Lymph nodes - 52 lymph nodes identified,all are reactive and free of tumour.

**RADIOLOGY REPORT**

**Created Date:** 12/08/2021

**Study Done:**

**ULTRASOUND NECK**

Right lobe of thyroid measures 10 x 25 x 49mm.

Left lobe of thyroid measures 12 x18 x 35mm.

Isthmus measures 1.3mm.

Bilateral thyroid glands shows heterogeneous echotexture.No increase in vascularity - suggestive of thyroiditis.

Enlarged lymphnodes with absent fatty hilum is seen in right level II , III IV and V., largest measures 14 x8

mm- suspicious of deposit -FNAC done

Tiny Subcentimetric lymphnodes seen in left level III.

**CYTOLOGY REPORT**

**Collection Date :** 12/08/2021 **Collection Time :** 16:20

**Received Date :** 12/08/2021 **Received Time :** 16:55

**Clinical Impression :**

Case of ca tongue with enlarged cervical lymph nodes.

**Sample Description :**

Received 5 smears labelled as "USG guided FNAC from right level III lymph node".

**Microscopic Description :**

Examined 5 smears labelled as "USG guided FNAC from right level III lymph node". Smears are cellular and

shows polymorphous population of lymphoid cells composed of small mature lymphocytes, centroblasts, few

plasma cells and histiocytes. No granuloma/ malignant cells seen.

**Impression :**

USG guided FNAC from right level III lymph node:-

- Reactive change lymph node

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| **Date of Admission :**03/01/2021 | **Date of Procedure :**04/01/2021 |

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| **Date of Discharge :**14/01/2021 |

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

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| **DIAGNOSIS :** |
| Carcinoma Right Tongue cT3N2bM0 |

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| **PROCEDURE DONE :** |
| WLE + B/L SND (Right I-IV, Left I-III) + RAFF under GA on 04-01-2021 Defect was Class-IIc, (Volume-1/3rd to 1/2, Location- Involving T,L,S) (Head and Neck Major Resection + Reconstruction for cancer defect Grade II +Neck Dissection) |

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| **DRUG ALLERGIES :** Not known |

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| **HISTORY :** |
| 47 year old male patient came with c/o ulcer over the right lateral border of tongue since 2 months initially as a whitish patch, later thickening was evaluated outside. Biopsy dated 21/12 taken: MDSCC. Post biopsy pain present, no dysphagia, no bleeding. Came here for further management |

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| **FAMILY HISTORY :** |
| Not known |

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| **CLINICAL EXAMINATION :** |
| On examination GC fair Vitals stable |

**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** |
| 03/01/2021 | 10.5 | 34.5 | 557 | 7.43 | 56.3 | 37.2 | 1.9 | - |
| 04/01/2021 | 9.01 | 29.8 | 535 | 15.98 | 78.3 | 17.7 | 0.6 | - |
| 05/01/2021 | 9.2 | 30.3 | 467 | 10.17 | 91.3 | 5.4 | 0.0 | - |
| 06/01/2021 | 8.7 | 29.9 | 418 | 14.97 | 83.6 | 11.4 | 0.0 | - |
| 07/01/2021 | 9.4 | 30.8 | 445 | - | - | - | - | - |

**Renal Function Test and Serum Electrolytes:**

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| **Date:** | **Urea: mg/dl** | **Creatinine: mg/dl** | **Na+: mEq/L** | **K+: mEq/L** |
| 04/01/2021 | 9.4 | 0.51 | 139.8 | 3.9 |

Date: 06/01/2021

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| RBC-COUNT-Blood : 3.45 M/uL | MCV-Blood : 86.7 fL |

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| MCH-Blood : 25.2 pg | MCHC-Blood : 29.1 g/dl |

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| RDW-Blood : 15.3 % | MPV-Blood : 10.0 fL |

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| MONO -Blood : 4.1 % | BASO-Blood : 0.9 % |

Date: 05/01/2021

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

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| RBC-COUNT-Blood : 3.57 M/uL | MCV-Blood : 84.8 fL |

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| MCH-Blood : 25.6 pg | MCHC-Blood : 30.2 g/dl |

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| RDW-Blood : 15.1 % | MPV-Blood : 8.1 fL |

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| MONO -Blood : 3.2 % | BASO-Blood : 0.1 % |

Date: 04/01/2021

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| PT[Prothrombin Time with INR]-Plasma : 13.60/14.0/0.97 sec | RBC-COUNT-Blood : 3.51 M/uL |

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| MCV-Blood : 84.9 fL | MCH-Blood : 25.4 pg |

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| MCHC-Blood : 29.9 g/dl | RDW-Blood : 15.2 % |

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| MPV-Blood : 9.0 fL | MONO -Blood : 3.1 % |

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| BASO-Blood : 0.3 % |  |

Date: 03/01/2021

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| HBs Ag Test - Emergency Screen : 0.18 : Non reactive | Anti HCV - Emergency Screen : 0.11 : Non reactive |

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| HIV - Emergency Screen(P24 Ag and HIV 1 and 2 Ab) : 0.06 : Non reactive | Compatibility test; cross match complete (3 tests) : Compatible |

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| Blood typing; ABO and RhD : O Rh D Positive | RBC-COUNT-Blood : 4.07 M/uL |

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| MCV-Blood : 84.9 fL | MCH-Blood : 25.8 pg |

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| MCHC-Blood : 30.4 g/dl | RDW-Blood : 15.6 % |

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| MPV-Blood : 7.7 fL | MONO -Blood : 4.4 % |

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| BASO-Blood : 0.2 % |  |

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| MRI dated 23/12 shows ill defined,hyperintense heterogenously enhancing lesion with necrosis right lateral margin of ant 2/3 tongue invading genioglossus extending to midline. Extension to right SL space Subcentimetric b/l level 1b, level II likely reactive (6mm). |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| The patient got admitted with above mentioned complaints. All relevant investigations were done. Underwent WLE + B/L SND (Right I-IV, Left I-III) + RAFF under GA on 04-01-2021 Defect was Class-IIc, (Volume-1/3rd to 1/2, Location- Involving T,L,S) (Head and Neck Major Resection + Reconstruction for cancer defect Grade II +Neck Dissection).The drains were removed on POD-2/3. Her clips and sutures were removed on day-9 and 10. Her RT was removed on POD 10. The patient is being discharged with the following advice. At the time of discharge the patient was afebrile and stable |

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| **OPERATIVE FINDINGS :** |
| Surgery: WLE + B/L SND (Right I-IV, Left I-III) + RAFF under GA on 04-01-2021 Defect was Class-IIc, (Volume-1/3rd to 1/2, Location- Involving T,L,S). (Head and Neck Major Resection + Reconstruction for cancer defect Grade II +Neck Dissection) Findings: 2x2cm Ulcerative growth involving the right lateral border tongue, Induaration crossing midline. FOM/BOT/Tip of Tongue free. Multiple significant lymph nodes noted on right side level-IB.II and III Procedure: Nasotracheal intubation done and patient was taken under ga with sterile and aseptic precautions. Patient positioned, cleaned and draped. Wide Local Excision: Bite block inserted on left side. betadine wash given. 2x2cm Ulcerative growth involving the right lateral border tongue, Induaration crossing midline. FOM/BOT/Tip of Tongue free. Taking adequate margins widelocal excision done. Hemostasis acheived. Defect was repaired with RAFF. B/L Selective neck dissection(Right I-IV, Left I-III): Visor incision made Subplatysmal flaps elevated superiorly till angle of mandible, inferiorly till clavicle. Ipsilateral and contralateral anterior belly of digastric muscle defined. Fibrofatty tissue from the level-Ia taken and sent for hpe. Right Facial artery and common facial vein identified and ligated ? stump preserved for end-to-end anastomosis. Significant 2x1cm peri-facial lymph nodes and level-Ib fibrofatty tissue along with submandibular gland removed in toto and sent for hpe. Right External jugular vein identified and preserved. Right Sternomastoid retracted laterally ? ijv, carotids and spinal accessory nerves preserved. Level-IIa, IIB, III and IV lymphnodes and fibrofatty tissue removed and sent for hpe seperately. Hemostasis acheived. Same steps repeated on Left side. Cleared Left IB,II and III. Left facial artery and vein was preserved in continuity. Valsalva given to check bleeding ? no active bleeding seen. 14# romovac drain secured. Wound closed in layers. The right tongue defect was planned to be closed using a RAFF After confirming the Allen's test on the left hand, 5.5 X 6 cm flap marked of left forearm 3 cm proximal to the distal wrist crease along the radial artery teritory under tourniquet control flap elevation strated on the radial side preserving the superficail radial nerves radial artery ligated distally and deep fascia incised flap elevation continued proximally just below the radial pedicle controlling all the muscular perforators. Proximal incision extended upto the cubital crease, pedicle freed upto the bifurcation of the brachial artery. Tourniquet released and hemoostasis achieved. wound closed in layer, drain kept and SSG placed Micro- Vascular anastomosis Artery anastomosed to facial artery using 9-0 sutures Vein anastomosed to facial vein with 9-0 sutures Inset done 14# romovac drain secured bilaterally. Wound closed in layers. |

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| **PROGNOSIS ON DISCHARGE :** |
| Good |

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| **ADVICE ON DISCHARGE :** |
| Keep the surgical site clean and dry |

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| **WHEN TO OBTAIN URGENT CARE:** |
| In case of purulent discharge/bleeding/fever |

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| **PREVENTIVE ADVICE (LIFE STYLE MODIFICATION / HEALTH EDUCATION)IF ANY:** |
| Avoid Hyperextension/heavy weight lifting/sternuous execises |

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| **DIET RECOMMENDATIONS :** |
| Soft blend diet |

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

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| **DISCHARGE MEDICATION :** |
| \*All current medication have been reviewed and reconciled into the medication list. Mupirocin ointment L/A Tab Dolo 650mg 1-1-1x5days and SOS if pain Tab Pan 40mg 1-0-0x5days Chlorehexidine Gargles 1-1-1-1 and after every meal Continue Gynae advice: T. Trapic MF 2-0-2 x 7 days T. Meprate 10mg OD on 10th-21st day of cycle Syp Sucralfate 10ml 1-0-1 |

**HEAD AND NECK - TUMOUR BOARD**

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| |  | | --- | | **Presenting Complaints: Ulcer** | |  | | **Descriptive History and Examination:**  c/o ulcer over the right lateral border of tongue x 2 months initially as a whitish patch, later thickening was evaluated outside Biopsy 21/12 taken: MDSCC post biopsy pain+, no dysphagia, no bleeding | |  | | | |
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|  | **Others:**  Ulcerative lesion measuring2x1cm along the right lateral border of the tongue, 1 cm from the tiop Induration+ extending to midline, FOM induration + No palpable neck nodes |

**MRI:**

MRI 23/12 ill defined,hyerintense heterogenously enhancing lesion with necrosis right lateral margin of ant 2/3 tongue invading genioglossus extending to midline. Extension to right SL space Subcentimetric b/l level 1b, level II likely reactive (6mm)

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| |  |  | | --- | --- | | **Descriptive Plan:**  Carcinoma Tongue WLE + B/L ND + RAFF done on 04.01.2021 Final HPER awaited | **Histopathology Descriptive Plan:**  WLE right lateral tongue (post excision biopsy status) + Bilateral selective lymph node dissection : - Post excision biopsy changes with peritumoral inflammation and fibrosis seen. No residual tumor seen -All mucosal and soft tissue margins are clear. -Lymph nodes - 52 lymph nodes identified,all are reactive and free of tumour. Plan: Observation | |  |  | |
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| |  |  | | --- | --- | |  |  | | **Progress Notes**  **Date : 30/12/2020**  **ProgressNotes :**  nop known comorbs  c/o ulcer over the right lateral border of tongue x 2 months  initially as a whitish patch, later thickening  was evaluated outside  Biopsy 21/12 taken: MDSCC  post biopsy pain+, no dysphagia, no bleeding  MRI outside 23/12 ill defined,hyerintense heterogenously enhancing lesion with necrosis right lateral margin  of ant 2/3 tongue invading genioglossus extending to midline. Extension to right SL space  Subcentimetric b/l level 1b, level II likely reactive (6mm)  h/o menorhagia (+)  Ulcerative lesion measuring2x1cm along the right lateral border of the tongue, 1 cm from the tiop  Induration+ extending to midline, FOM induration +  No palpable neck nodes  Adv:  CT chest plain  preops, PAC  WLE+ ND+ STF  **Operative Notes**  **Date : 04/01/2021**  **ProgressNotes :**  Diagnosis:  Carcinoma Right Tongue cT3/4aN2bM0  Surgery:  WLE + B/L SND (Right I-IV, Left I-III) + RAFF under GA on 04-01-2021  Defect was Class-IIc, (Volume-1/3rd to 1/2, Location- Involving T,L,S).  Findings:  2x2cm Ulcerative growth involving the right lateral border tongue, Induaration crossing midline.  FOM/BOT/Tip of Tongue free.  Multiple significant lymph nodes noted on right side level-IB.II and III  Procedure:  Nasotracheal intubation done and patient was taken under ga with sterile and aseptic precautions.  Patient positioned, cleaned and draped.  Wide Local Excision:  Bite block inserted on left side.  betadine wash given.  2x2cm Ulcerative growth involving the right lateral border tongue, Induaration crossing midline.  FOM/BOT/Tip of Tongue free.  Taking adequate margins widelocal excision done.  Hemostasis acheived.  Defect was repaired with RAFF.  B/L Selective neck dissection(Right I-IV, Left I-III):  Visor incision made  Subplatysmal flaps elevated superiorly till angle of mandible, inferiorly till clavicle.  Ipsilateral and contralateral anterior belly of digastric muscle defined.  Fibrofatty tissue from the level-Ia taken and sent for hpe.  Right Facial artery and common facial vein identified and ligated ? stump preserved for end-to-end  anastomosis.  Significant 2x1cm peri-facial lymph nodes and level-Ib fibrofatty tissue along with submandibular gland  removed in toto and sent for hpe.  Right External jugular vein identified and preserved.  Right Sternomastoid retracted laterally ? ijv, carotids and spinal accessory nerves preserved.  Level-IIa, IIB, III and IV lymphnodes and fibrofatty tissue removed and sent for hpe seperately.  Hemostasis acheived.  Same steps repeated on Left side.  Cleared Left IB,II and III.  Left facial artery and vein was preserved in continuity.  Valsalva given to check bleeding ? no active bleeding seen.  14# romovac drain secured.  Wound closed in layers.  **Progress Notes**  **Date : 09/08/2024**  **ProgressNotes :**  case of Carcinoma Right Tongue cT3N2bM0  S/P WLE + B/L SND (Right I-IV, Left I-III) + RAFF under GA on 04-01-2021  Right level V node persisting FNAC- reactive (Aug 2021)  patient on follow up  o/e- LR- NAD  adv-  R/v after 6 months. |  | |  |  | |
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