**DEPARTMENT OF NUCLEAR MEDICINE AND PETCT**

**Date : 15/11/2013**

**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: 106 mg / dl

**FINDINGS :**

PET FINDINGS:

\* Abnormal increased FDG uptake noted in large heterogenously enhancing destructive lesion

involving left maxilla (alveolar process), mandible with adjacent soft tissue extension (SUV max 28.2).

\* Focal abnormal increased FDG uptake noted in right level IB & submental lymph nodes

(SUV max 2.3) - ? significance .

\* Diffuse increased FDG uptake noted in both lobes of thyroid gland (SUV max 3.6)

- k/c/o Graves disease.

\* Abnormal increased FDG uptake noted in left axillary lymph nodes (SUV max 6.2) - ? inflammatory.

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

adrenal glands & in 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:

\* A large heterogenously enhancing destructive lesion seen involving the left maxilla

(alveolar process) & mandible with mild contralateral extension as well.

\* There is open defect involving the left anterior mouth with irregular lobulated lip margins.

\* Few small bilateral IB & Submental nodes seen.

\* Left submandibular gland not visualised .

\* Mild diffuse thyromegaly noted.

\* Nasopharynx, laryngopharynx appear normal.

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

Chest:

\* Multiple left axillary nodes seen, largest 2.2cm .

\* No bilateral lung lesion.

\* 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.

Bones:

\* Degenerative changes involving the spine.

**CONCLUSION :**

\* FDG AVID HETEROGENOUSLY ENHANCING DESTRUCTIVE LESION INVOLVING

LEFT MAXILLA & MANDIBLE WITH ADJACENT SOFTTISSUE EXTENSION

- METABOLICALLY ACTIVE PRIMARY RECURRENT BUCCAL MUCOSAL &

GINGIVAL MALIGNANCY.

\* MINIMALLY FDG AVID RIGHT LEVEL IB & SUB MENTAL LYMPH NODES

- ? INFLAMMATORY / ? METASTASIS.

WARRANTS HISTOPATHOLOGY CORRELATION IN THIS CLINICAL SETTING.

\* NO OTHER FDG AVID LYMPH NODAL / DISTANT METASTASIS.

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 18/11/2013

**Received on :** 18/11/2013

**Reported Date :** 20/11/2013

**Clinical Impression :**

K/C/O SCC of lip

**Gross Description :**

Received in formalin is a specimen consists of single yellow brown tissue measuring 0.7x0.6x0.2cm. Entire

specimen submitted in one cassette.

**Microscopic Description :**

Sections show tissue lined by stratified squamous epithelium with features of dysplasia. Keratin pearl formation

is also seen. Dyskeratosis also seen. Minimal sub eptihelium shows focal infiltratiing cells with dense

inflammatory infiltrates consisting of neutrophils, lymphocytes and occasional plasma cells. No granulomas /

organisms seen.

**Impression :**

Wedge Biopsy Lower lip :- Suggestive of recurrence of squamous cell carcinoma in a known case.

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 28/11/2013

**Received on :** 28/11/2013

**Reported Date :** 03/12/2013

**Clinical Impression :**

Carcinoma left buccal mucosa and alveolus.

**Gross Description :**

Received in fresh is a specimen labelled as "Left Segmental mandible and soft tissue measures 11x4.5x5.7cm.

The specimen includes part of upper lip, lower lip and dorsum of tongue. Skin measures 9.5x4.5cm. There is an

ulceroproliferative lesion measuring 7.5x3.5x3cm arising in the buccal mucosa alveolus extending to floor of

mouth and mandible. The lower lip is involved by the tumor towards lateral aspect the upper lip seems to be

involved by the tumour.

Distance to margins :-

Anterior mucosa margin - 0.9cm

Anterior lingual margin - 1.3cms

Medial tongue margin - 0.5cm

Posterior mucosal margin - 0.8cm

Superior mucosal margin - 1.3cms

Superior lip margin - 1cm

Anterior skin margin - 3.2cm

Inferior skin margin - 1.4cms

Posterior skin margin - 3.3cms

Grossly the tumor seen involving and destroying the mandible and also extend into the tongue. The medial

resected margin of tongue at the distance of 1.5cms. No lymphnodes identified in the level I.

Frozen was taken from the superior mucosal margin.

Frozen read as : "Negative for Malignancy".

The remaining specimen transferred into formalin and representative sections are submitted as follows:

FSR 1 - Anterior mucosal margin

FSR 2 - Medial linguial margin

FSR 3 - FSR 4 - Posterior mucosal margin

FSR 5 - Superior mucosal

FSR 6 - Anterior skin margin

FSR 7 - FSR 8 - Lateral skin margin

FSR 9 - Superior skin margin

FSR 10 - Posterior skin mar

FSR 11 - Medial skin margin

FSR 12 - FSR 13 - Medial resected margin of tongue

FSR 14 - FSR 15 - Tumor with upper lip

FSR 16 - Tumor

FSR 17 - Tumor with medial ulcerated skin

FSR 18 - Tumor

FSR 19 - Deep soft tissue margin

FSR 20 - Tumor with the bone

FSR 21 - Tumor with lower lip

FSR 22 - Tumor with the tongue

FSR 23 - Tumor with medial skin

FSR 24 - From level I tissue

FSR25-Anterior bony margin

FSR 26- Posterior bony margin

FSR 27-29- Tumour with the bone.

Subsequently received in formalin are 15 specimens. The I specimen labelled as "Left level IIa", consists of

single fibrofatty tissue measures 4x3x2cms,cut section shows 2 lymph nodes ,largest meausres 0.4cms.

Representative sections are submitted A1- A2 cassettes.

Specimen II labelled as "Left level IIB", consists of fibrofatty measures 3.5x2.5x2cms.Cut section shows 2

lymph nodes, largest measuring 0.5cms. Representative sections are submitted in B1 -B2 cassettes.

Specimen III labelled as "Left level III", consists of fibrofatty tissue measures 5x3x0.6cms. 5 lymph nodes

identified largest measures 0.7cms. Representative sections are submitted in C1 - C2 cassettes.

Specimen IV labelled as "Left level IV", consists of single fibrofatty tissue measures 2x1.5x0.5cms.

Representative sections are submitted in cassette D.

Specimen V labelled as "Level Ia", consists of fibrofatty tissue measures 4x3x0.5cms. Single lymph node

identified measures 0.6cms in greater dimension. Representative sections are submitted in cassette E.

Specimen VI labelled as "Right level Ib", consists of salivary gland with attached fat measures 6x3x1cms.

Largest lymph node measures 1cm in greater dimension. Representative sections are submitted in F1 - F4

cassettes.

Specimen V labelled as "Right level IIa", consists of single nodular tissue measures 2x0.5cm. ?2lymphnodes

identified, largest measures 1.5cm in greater dimension. Representative sections are submitted in cassette G.

Specimen VI labelled as "Right level IIB", consists of single firbofatty tissue measures 2.5x1.5x0.5cm.

Representative sections are submitted in cassette H.

Specimen VII labelled as "Right level III", consists of two nodular tissue in aggregate measures 4x5x1cm.

Largest lymphnode measures 0.7cm in greater dimension. Representative sections are submitted in J1 - J3

cassettes.

Specimen VIII labelled as "Right level IV", consists of single fibrofatty tissue measures 2.5x1x0.5cm.

Representative sections are submitted in cassette K.

Specimen IX labelled as "Left Maxilla", consists of multiple fragmented of bony tissue in aggregate measures

3x2.5x0.5cm. Entire specimen submitted in L1- L2 cassettes.

Specimen X labelled as "Additional anterior tongue margin", consists of same measures 3x1.5x0.8cm.

Representative sections are submitted in M1 - M2 cassettes.

Specimen XI labelled as "Additional anterior mucosal margin", consists of single mucosa tissue in aggregate

measures 1x0.8x0.3cm. Entire specimen submitted in cassette N.

Specimen XII labelled as "Posterior tongue RMT", consists of mucosal tissue measures 3x2.5x0.5cm. Entire

specimen submitted in P1 - P2 cassettes.

Specimen XIII labelled as "Right mandibular mucosal margin", consists of mucosal tissue measures

1.5x1x0.5cms. Entire specimen submitted in cassette Q.

**Microscopic Description :**

Permanent sections confirms the frozen report.

Sections studied show tissue lined by stratified squamous epithelium and an ulcerating neoplasm composed of

cells arranged predominantly in diffuse pattern and focally in nests and also forming islands. Cells are mildly

pleomorphic with oval nuclei, coarse chromatin and moderate amount of cytoplasm,well defined cytoplasmic

borders & intercellular bridges. Keratin pearls are seen. They are surrounded by moderate degree of

lymphoplasmacytic infiltrated with foci of necrosis. Occasional mitotic figures are seen (5-7/10 hpf). Perineural

invasion is seen. No lymphovascular emboli is seen.

-The tumour involves the left buccal mucosa extending to the entire lower lip, involving the left floor of

mouth,infiltrates the mandible destroying it and also extends into the superficial skin causing ulceration.

-The tumour measures 7.5x3.5x3cms

-Depth of invasion is 2.5cms

-The medial lingual margin is involved by the tumour.There is evidence of submucosal spread of the tumour.

-All other mucosal margins,skin and the deep soft tissue margins are uninvolved by the tumour.

A) left level IIa :- 2 reactive lymph nodes

B) (L) level IIB :- 2 reactive lymph nodes

C) Left level III: - 5 reactive lymph nodes

D) Left level IV :- 3 reactive lymph nodes

E) Level Ia :- 1 reactive lymph node

F) Right level Ib :- Normal salivary gland + 2 reactive lymph nodes

G) Right level IIa :- 2 reactive lymph nodes

H) Right level II B - 1 reactive lymph nodes

J) Right level III :- 5 reactive lymph nodes

K) Right level IV :- 1 reactive lymph node

L) Left maxilla - Shows bony trabecular and necrotic bone

M) Additional anterior tongue margin - Shows foci of dysplasia.

N) Additional anterior mucosal margin - Negative

P) Posterior tongue RMT mucosal margin

Q) Right mandibular mucosal margin - Negative

**Impression :**

Left segmental Mandibulectomy + Lymph nodes:-

Moderately differentiated SCC

Tumor size - 7.5x3.5x3cm

Depth of invasion:2.5cms

Medial lingual margin appears to be involved by the tumour.

The mandible seems to be involved by the tumour.

The bony resection margins are free of tumour.

Perineural invasion is seen

0/24 reactive lymph nodes

pTNM:pT4aN0Mx

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| **Date of Admission :**27/11/2013 | **Date of Procedure :**28/11/2013 |

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| **Date of Discharge :**16/12/2013 |

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

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| **DIAGNOSIS :** |
| Known case of Carcinoma Left Lower GBS & gingiva Received concurrent chemoradiation( 6 MV x ray in adayar 29/11/07 - 8/2/08) Now with recurrence in the Lip |

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| **PROCEDURE DONE :** |
| Wide Local Excision + Left segmental mandibulectomy + Bilateral Neck Dissection (I-IV) + Free fibula osteocutaneous flap+ PMMC flap + Tracheostomy on 28-11-2013 under GA |

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| **HISTORY :** |
| 53 year old Mrs. Shakti Bala is a Known case of Carcinoma Left Lower GBS & gingiva, Received concurrent chemoradiation( 6 MV x ray in adayar 29/11/07 - 8/2/08). She was normal until feb 2013 then she developed pain over the tumor site. Had recurrent tumor involving the lower lip two months. Biposy done on 18-11-2013 showed recurrence of squamous cell carcinoma in a known case. PET CT scan on 15-11-2013 showed FDG avid heterogenously enhancing destructive lesion involving left maxilla & mandible with adjacent soft tissue extension - metabolically active primary recurrent buccal mucosal & gingival malignancy. \* minimally FDG avid right level ib & sub mental lymph nodes - ? inflammatory / ? metastasis. warrants histopathology correlation in this clinical setting. \* no other FDG avid lymph nodal / distant metastasis. Her case was discussed in Head and Neck tumour board and planned for surgery. Admitted for the same. |

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| **PAST HISTORY :** |
| HYPER THYROIDISM, DIABETES MELLITUS |

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| **CLINICAL EXAMINATION :** |
| O/E: tumour of size 5 x 4 cm involving the full thickness of lower lip more on the left side & extending to skin over the mandible with ulceration tender posteriorly extending to the lower alveolus Neck - Bilateral level I, II Lymphnodes |

**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** |
| 29/11/2013 | 7.6 | 23.1 | 187 | 10.3 | 86.1 | 8.5 | 0.1 | - |
| 30/11/2013 | 9.5 | 28.3 | 208 | 16.8 | 90.7 | 5.1 | 0.0 | - |
| 01/12/2013 | 8.5 | 24.9 | 185 | 18.0 | 89.2 | 4.9 | 0.0 | - |
| 02/12/2013 | 10.7 | 32.3 | 204.0 | 12.5 | 84.8 | 9.19 | 0.348 | - |
| 03/12/2013 | 9.8 | 28.5 | 193 | 11.1 | 82.1 | 10.1 | 2.0 | - |
| 04/12/2013 | 9.9 | 29.3 | 242 | 13.9 | 86.5 | 6.2 | 2.1 | - |
| 05/12/2013 | 11.7 | 36.1 | 237.0 | 11.3 | 83.9 | 6.99 | 2.43 | - |

**Renal Function Test and Serum Electrolytes:**

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| **Date:** | **Urea: mg/dl** | **Creatinine: mg/dl** | **Na+: mEq/L** | **K+: mEq/L** |
| 29/11/2013 | 16.2 | 0.68 | 141.6 | 3.9 |
| 30/11/2013 | - | - | 138.9 | 3.6 |
| 01/12/2013 | - | - | 136.5 | 3.1 |
| 02/12/2013 | - | - | 137.7 | 2.8 |
| 03/12/2013 | - | - | 136.9 | 3.5 |
| 04/12/2013 | - | - | 134.3 | 3.3 |
| 05/12/2013 | - | - | 133.5 | 3.6 |
| 07/12/2013 | - | - | 130.1 | 4.6 |

Date: 12/12/2013

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| T4 [Thyroxine] free-Serum : 1.61 ng/dl | TSH [Thyroid Stimulating Hormo-Serum : 0.0192 uIU/ml |

Date: 05/12/2013

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| RBC-COUNT-Blood : 4.34 M/uL | MCV-Blood : 83.0 fL |

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| MCH-Blood : 27.0 pg | MCHC-Blood : 32.5 g/dl |

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| RDW-Blood : 17.0 % | MPV-Blood : 7.76 fL |

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| MONO -Blood : 6.38 % | BASO-Blood : 0.29 % |

Date: 04/12/2013

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| Compatibility test; cross match complete (3 tests) : Compatible | RBC-COUNT-Blood : 3.54 M/uL |

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| MCV-Blood : 82.8 fL | MCH-Blood : 28.1 pg |

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| MCHC-Blood : 33.9 g/dl | RDW-Blood : 17.3 % |

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| MPV-Blood : 9.7 fL | MONO -Blood : 5.1 % |

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| BASO-Blood : 0.1 % |  |

Date: 03/12/2013

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| CRP (C-reactive protein) : 87.0 mg/L | RBC-COUNT-Blood : 3.45 M/uL |

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| MCV-Blood : 82.7 fL | MCH-Blood : 28.4 pg |

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| MCHC-Blood : 34.4 g/dl | RDW-Blood : 17.8 % |

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| MPV-Blood : 10.1 fL | MONO -Blood : 5.7 % |

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| BASO-Blood : 0.1 % |  |

Date: 02/12/2013

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| RBC-COUNT-Blood : 3.91 M/uL | MCV-Blood : 82.6 fL |

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| MCH-Blood : 27.3 pg | MCHC-Blood : 33.1 g/dl |

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| RDW-Blood : 20.7 % | MPV-Blood : 8.78 fL |

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| MONO -Blood : 5.09 % | BASO-Blood : 0.559 % |

Date: 01/12/2013

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| CRP (C-reactive protein) : 133.5 mg/L | APTT[Activated Partial Thrombo-Plasma : 53.5/32.2 s |

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| RBC-COUNT-Blood : 3.02 M/uL | MCV-Blood : 82.4 fL |

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| MCH-Blood : 28.1 pg | MCHC-Blood : 34.1 g/dl |

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| RDW-Blood : 17.5 % | MPV-Blood : 10.5 fL |

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| MONO -Blood : 5.9 % | BASO-Blood : 0.0 % |

Date: 30/11/2013

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| RBC-COUNT-Blood : 3.42 M/uL | MCV-Blood : 82.7 fL |

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| MCH-Blood : 27.7 pg | MCHC-Blood : 33.5 g/dl |

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| RDW-Blood : 17.4 % | MPV-Blood : 10.9 fL |

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| MONO -Blood : 4.2 % | BASO-Blood : 0.0 % |

Date: 29/11/2013

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| RBC-COUNT-Blood : 2.79 M/uL | MCV-Blood : 82.7 fL |

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| MCH-Blood : 27.3 pg | MCHC-Blood : 33.1 g/dl |

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| RDW-Blood : 20.4 % | MPV-Blood : 10.4 fL |

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| MONO -Blood : 5.0 % | BASO-Blood : 0.3 % |

Date: 28/11/2013

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| Glucose [F]-Plasma : 86.8 mg/dl | Compatibility test; cross match complete (3 tests) : Compatible |

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| DEPARTMENT OF NUCLEAR MEDICINE AND PETCT Date :15/11/2013 Clinical Indication :Carcinoma of buccal groove & gingiva, S/P 2 cycles of chemo & 24 fractions of Radiotherapy (2007). Now has trismus & lip swelling - for present disease status assessment. 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: 106 mg / dl FINDINGS : PET FINDINGS: \* Abnormal increased FDG uptake noted in large heterogenously enhancing destructive lesion involving left maxilla (alveolar process), mandible with adjacent soft tissue extension (SUV max 28.2). \* Focal abnormal increased FDG uptake noted in right level IB & submental lymph nodes (SUV max 2.3) - ? significance . \* Diffuse increased FDG uptake noted in both lobes of thyroid gland (SUV max 3.6) - k/c/o Graves disease. \* Abnormal increased FDG uptake noted in left axillary lymph nodes (SUV max 6.2) - ? inflammatory. \* No abnormal focal / diffuse FDG uptake seen in rest of lymph nodes, bilateral lungs, liver, spleen, adrenal glands & in 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: \* A large heterogenously enhancing destructive lesion seen involving the left maxilla (alveolar process) & mandible with mild contralateral extension as well. \* There is open defect involving the left anterior mouth with irregular lobulated lip margins. \* Few small bilateral IB & Submental nodes seen. \* Left submandibular gland not visualised . \* Mild diffuse thyromegaly noted. \* Nasopharynx, laryngopharynx appear normal. \* Common carotid artery and internal jugular vein appear normal. Chest: \* Multiple left axillary nodes seen, largest 2.2cm . \* No bilateral lung lesion. \* 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. Bones: \* Degenerative changes involving the spine. CONCLUSION : \* FDG AVID HETEROGENOUSLY ENHANCING DESTRUCTIVE LESION INVOLVING LEFT MAXILLA & MANDIBLE WITH ADJACENT SOFTTISSUE EXTENSION - METABOLICALLY ACTIVE PRIMARY RECURRENT BUCCAL MUCOSAL & GINGIVAL MALIGNANCY. \* MINIMALLY FDG AVID RIGHT LEVEL IB & SUB MENTAL LYMPH NODES - ? INFLAMMATORY / ? METASTASIS. WARRANTS HISTOPATHOLOGY CORRELATION IN THIS CLINICAL SETTING. \* NO OTHER FDG AVID LYMPH NODAL / DISTANT METASTASIS. |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| She was admitted on 27-11-2013 and after all preliminary investigation and evaluation she was taken up for surgery. She underwent Wide Local Excision + Left segmental mandibulectomy + Bilateral Neck Dissection (I-IV) + Free fibula osteocutaneous flap+ PMMC flap + Tracheostomy on 28-11-2013 under GA. Postoperative period was uneventful. Endocrinology consultation sought for the management of hyperthyrodism and blood sugar, managed as per their advise. On the 12 th postoperative day she had neck wound gaping hence taken up for debridement and secondary suturing on 12-12-2013. Tracheostomy tube was decannulated on the 14 th postoperative day, tolerated well. Rest of the postoperative period was uneventful. Condition at discharge: Stable, afebrile, facial sutures insitu, Ryles tube insitu. |

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| **OPERATIVE FINDINGS :** |
| Operative notes: Surgery : WLE+ Left segmental mandibulectomy + Bil ND (I-IV) + Free fibula osteocutaneous flap+ PMMC+ Trach. Indication: Ca left buccal mucosa post RT Procedure: e/o ulceroinfiltrative lesion involving the left buccal mucosa extending to the entire lower lip, involving the left floor of mouth. Upper GBS is free. Incision is marked around the involved skin continued down to the upper horizontal skin crease. Left skin flap raised left parotid duct ligated. Mandibular cuts given at the rt premolar region and the left angle of mandible including the coronoid. Specimen removed along with left Lv Ib with adequate margins. additional margins taken . e/o infected lesion involving the left maxilla which is nibbled and sent for HPR. Perosteum over maxilla frozen was negative. Bil Neck dissection done from Lv (I-IV). Haemostasis achieved. drain placed in situ. Free fibula osteocutaneosu flap harvested and inset with skin lining the mucosa anastomosis to rt facial and tributary of IJV. PMMC harvested for external skin defect. Leg wound and chest wound closed with drain in situ. Tracheostomy done. Procedure uneventful. |
| **DIET RECOMMENDATIONS :** | |
| RT feeds (2.5 litres/day) | |

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| **DISCHARGE MEDICATION :** |
| Tab. Pan 20 mg 1-0-1 x 5 days Tab. Dolo 650 mg SOS for pain Tab. Neomercazole 10 mg 1-0-1/2 x 2 weeks Tab. Indral 10 mg 1-0-1 x 2 weeks Inj. H. Mixtard 30 /70 units 8-0-6 units S/C to be continued Hexidine mouth gargles fourth hourly |

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| **Date of Admission :**19/02/2015 | **Date of Procedure :**19/02/2015 |

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| **Date of Discharge :**21/02/2015 |

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

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| **DIAGNOSIS :** |
| Known case of Carcinoma Left Lower GBS & gingiva S/P fibula osteocutaneous flap+ PMMC flap in situ. |

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| **PROCEDURE DONE :** |
| Debulking of the flap tissue and creation of the cervico-mental groove under G.A on 19/02/2015 |

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| **HISTORY :** |
| Patient has undergone Free fibula osteocutaneous flap+ PMMC flap. Has now come for follow up and for creation of the cervico-mental groove . |

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| **PAST HISTORY :** |
| Patient received concurrent chemoradiation S/P Wide Local Excision + Left segmental mandibulectomy + Bilateral Neck Dissection (I-IV) + Free fibula osteocutaneous flap+ PMMC flap + Tracheostomy on 28-11-2013 under GA HPE:SCC Grd II |

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| **PERSONAL HISTORY :** |
| Pt is a K/C/O hyperthyroidism DM on treatment ( inderal & neomercazole, OHA) |

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| **CLINICAL EXAMINATION :** |
| Flap in situ. Flap has taken up well. Bulky flap tissue present. cervico-mental groove absent. |

**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** |
| 20/02/2015 | 11.9 | 38.0 | 175 | 6.8 | 83.2 | 9.7 | 0.3 | - |

Date: 20/02/2015

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| RBC-COUNT-Blood : 4.59 M/uL | MCV-Blood : 82.8 fL |

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| MCH-Blood : 26.0 pg | MCHC-Blood : 31.4 g/dl |

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| RDW-Blood : 15.8 % | MPV-Blood : 11.6 fL |

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| MONO -Blood : 6.6 % | BASO-Blood : 0.2 % |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| The patient was admitted for the remodelling of the PMMC Flap to create the cervico-mental groove .Patient underwent Debulking of the flap tissue and creation of the cervico-mental groove.Drain removed.Patient withstood the procedure well. |

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| **OPERATIVE FINDINGS :** |
| procedure note: Under strict aseptic precautions, parts painted and draped. Debulking of the flap and creation of the labio-mental sulcus & Neck contour was done. After achieving hemostasis wound closed in layers after placing suction drain. Fat graft harvested from the abdomen and faty graft injection done on the left side of face. Procedure uneventful. |

**TUMOUR BOARD DISCUSSION**

**DOA :** 20/11/2013 **DOS :** 20/11/2013 **DOD :** 20/11/2013

**Date of tumor board discussion :** 20/11/2013

**Agreed Plan of management :**

135811020/11/13 - FNAC from axillary LN

PLAN: SURGERY FOLLOWED BY RT

**TUMOUR BOARD DISCUSSION**

**DOA :** 08/01/2014 **DOS :** 08/01/2014 **DOD :** 08/01/2014

**Date of tumor board discussion :** 08/01/2014

**Attendees :**

close observation

MRD

**Progress Notes**

**Date : 18/11/2013**

**ProgressNotes :**

K/C/O CA Lt Lower GBS & gingiva

SCC Grd II

s/p CCRT with 6 MV x ray in adayar 29/11/07 - 8/2/08

TD 60 Gy

with 2 # CDDP

pt was normal until feb 2013 when she developed pain over the tumor site

now has recurrent tumor involving the lower lip 2 months

c/o severe pain

Pt is a K/C/O hyperthyroidism DM on

treatment ( inderal & neomercazole, OHA)

O/E:

tumour of size 5 x 4 cm involving the full thickness of lower lip more on the left side & extending to skin over

the mandible with ulceration

tender

posteriorly extending to the lower alveolus

neck - b/l level I, II LN

wedge biopsy done from the lip tumor.

**Progress Notes**

**Date : 28/09/2015**

**ProgressNotes :**

Carcinoma of left lower GBS s/p fibula osteocutaneous flap and PMMC flap

Procedure : Flap repositioning under G.A

came for follow up

using lip prosthesis

seen by dr iyer sir

adv: review after 3mths

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| **OPERATIVE FINDINGS :** |
| Operative notes: Surgery : WLE+ Left segmental mandibulectomy + Bil ND (I-IV) + Free fibula osteocutaneous flap+ PMMC+ Trach. Indication: Ca left buccal mucosa post RT Procedure: e/o ulceroinfiltrative lesion involving the left buccal mucosa extending to the entire lower lip, involving the left floor of mouth. Upper GBS is free. Incision is marked around the involved skin continued down to the upper horizontal skin crease. Left skin flap raised left parotid duct ligated. Mandibular cuts given at the rt premolar region and the left angle of mandible including the coronoid. Specimen removed along with left Lv Ib with adequate margins. additional margins taken . e/o infected lesion involving the left maxilla which is nibbled and sent for HPR. Perosteum over maxilla frozen was negative. Bil Neck dissection done from Lv (I-IV). Haemostasis achieved. drain placed in situ. Free fibula osteocutaneosu flap harvested and inset with skin lining the mucosa anastomosis to rt facial and tributary of IJV. PMMC harvested for external skin defect. Leg wound and chest wound closed with drain in situ. Tracheostomy done. Procedure uneventful. |

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