**Radiology Report**

**Created Date:** 04/10/2018

**Study Done:**

**CT CHEST-PLAIN**

***Clinical information- ? Carcinoma left buccal mucosa.***

Two tiny millimetric nodules seen, one in the apical segment of right upper lobe and another in the superior

segment of right lower lobe - too small to characterize.

Rest of the lung parenchyma appears normal.

Normal mediastinal vascular structures.

The hila are normal. The tracheobronchial tree is normal.

No pleural pathology. Chest wall is normal.

Few subcentimetric lymphnodes seen in upper paratracheal (8x5mm), lower paratracheal (9x4mm) and

paraaortic (7x5mm).

Small left supraclavicular node seen.

Diffuse hypoattenuation noted in the right lobe of liver on plain study - ? fatty infiltration.

**Impression:**

• **Two millimetric nodules in the right lung - too small to characterize**

**RADIOLOGY REPORT**

**Created Date:** 06/10/2018

**Study Done:**

**MRI HEAD & NECK ( CONTRAST)**

Enhancing mass measuring 3.2 x 4 x 2.8 cm from the left cheek extending into the buccal space , subcutaneous

tissue and skin. Superior and inferior buccogingival sulcus appear involved.No extension to alveolus.No bony

infiltration. It involves the left parotid duct and abuts the masseter and temporalis insertion.

Enlarged nodes seen in level Ia, left level Ib, II and bilateral level III nodes noted.

Larynx and pharynx appear normal.

Both parotid and submandibular salivary glands appear normal.

Bilateral neck vessels are normal.

Thyroid gland shows homogenous dense enhancement and is normal in size and outline. No focal lesion seen.

Cervical spine appear normal.

**Impression:**

• **Enhancing mass measuring 3.2 x 4 x 2.8 cm from the left cheek extending into the buccal**

**space and skin.No bony infiltration. It involves the left parotid duct and abuts the masseter**

**and temporalis insertion.**

• **Suspicious ipsilateral nodes.**

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 05/10/2018

**Received on :** 05/10/2018

**Reported Date :** 08/10/2018

**Clinical Impression :**

Left oral cavity lesion

**Gross Description :**

Received in formalin is a specimen consists of single mucosa covered grey white tissue bit measuring

0.8x0.2x.2cm. Entire specimen submitted in one cassette.

**Microscopic Description :**

Section studied from fragments of tongue mucosa shows an ulcerating and infiltrating neoplasm composed of

dysplastic squamous cells arranged in clusters, large nests ,cords and trabeculae. Cells are large polygonal with

abundant eosinophilic cytoplasm ,enlarged hyperchromatic nucleus and a prominent nucleoli.Occasional keratin

pearls noted.

**Impression :**

Biopsy left buccal mucosa growth - Moderately differentiated squamous cell carcinoma

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 11/10/2018

**Received on :** 11/10/2018

**Reported Date :** 19/10/2018

**Clinical Impression :**

C/o Carcinoma left buccal mucosa

**Gross Description :**

Received in formalin are 12 specimens.The Ist specimen labelled "Main specimen- WLE- Segmental

mandibulectomy" consists of a segment of bone measuring 3x2.5x2cm bearing 3 molar teeth. Attached buccal

mucosa with overlying skin measuring 4x3.8cm. Specimen in whole is measuring 6(ML)x8(AP)x6(SI)cm .The

skin shows a nodular swelling measuring 3x3x2cm which is 1cm from anterior skin margin, 1.8cm from

posterior skin margin, 1cm from superior skin margin, 2cm from inferior skin margin.The nodular swelling

shows a grey white area with necrosis. The buccal mucosa shows an ulcerative growth measuring

4(AP)x2.5(SI)x4.2(ML)cm which is conitnuous with the skin lesion. Leucoplakic patch is present surrounding

the ulcerative growth. Representative sections are submitted as follows:

A1 - Lesion along with anterior inked margin (radial)

A2- Lesion along with antero inferior margin (radial)

A3 - Lesion with superior margin (radial)

A4 - Lesion with posterior margin (radial)

A5 - Shaved posterior soft tissue margin

FB1- Anterior bony margin

FB2 - Posterior bony margin

FB3 to 5 - Tumour with bone underlying

FB6 - Anterior skin and soft tissue margin radial

FB7 - Posterior shaved margin (shaved)

FB8 - Superior medial

FB9- Inferior radial

FB10 & FB11 - Lesion proper.

Specimen II labelled "Left level IB" consists of nodular fibrofatty tissue measuring 5x3.5x2cm. Salivary gland

identified. A lymph node measuring 1.5cm in greatest dimension. Representative sections are submitted in

cassettes B1 to B3.

Specimen III labelled "Left level IIA" consists of nodular fibrofatty tissue measuring 2.5x2x0.8cm. 4 lymph

nodes identified ranging in size from 0.5-1cm. Entire specimen submitted in cassettes C1 & C2.

Specimen IV labelled "External jugular node" consists of fibrofatty tissue measuring 2x2x0.5cm. 2 lymph

nodes identified ranging in size from 0.8-1cm in greatest dimension. Entire specimen submitted in cassettes D1

& D2.

Specimen V labelled " Left level IIB" consists of nodular fibrofatty tissue measuring 2x2x0.5cm. 2 lymph

nodes identified. Entire specimen submitted in cassettes E1 & E2.

Specimen VI labelled " Left level III" consists of nodular fibrofatty tissue measuring 4.5x2x1cm. 10 lymph

nodes identified, ranging in size from 0.5-2cm. Entire specimen submitted in cassettes F1 to F3.

Specimen VII labelled "Level IA" consists of nodular fibrofatty tissue measuring 5x2.3x1cm. 2 lymph nodes

identified both measuring 2cm in greatest dimension. Entire specimen submitted in cassette G1 to G4.

Specimen VIII labelled "Right level IB" consists of nodular fibrofatty tissue measuring 5x4.5x2cm. Salivary

gland tissue identified. 3 lymph nodes identified ranging in size from 1-1.5cm. Representative sections are

submitted in cassettes H1 toH4.

Specimen IX labelled" Right level IIA" consists of nodular fibrofatty tissue measuring 4.5x2.5x1cm. 4

lymphnodes identified. Entire specimen submitted in cassettes J1 to J5.

Specimen X labelled "Right level II B" consists of 2 nodular fibrofatty tissue measuring 2.5x1.5x1.5cm.

Sections submitted in cassettes K1 to K3.

Specimen XI labelled "Right level III" consists of nodular fibrofatty tissue measuring 3x2.5x1cm. 2 lymph

nodes identified measuring 0.5cm in greatest dimension. Entire specimen submitted in cassettes L1 to L4.

Specimen XII labelled " Left level IV" consists of fibrofatty tissue measuring 3.5x2x1.5cm. Sections submitted

in cassettes M1 to M5.

**Microscopic Description :**

A. Sections from the buccalmucosa shows an infiltrating neoplasm arising from the epithelium, arranged in

lobules, cords and trabeculae. Individual cells shows moderate pleomorphism, polygonal in shape with coarse

chromatin and prominent nucleoli. Keratin pearls noted. Dense peri and intratumoural lymphocytic infiltrate

noted. No LVE noted. PNI seen.

B. Left level IB lymph node - Salivary gland free of tumour .Single node shows metastasis with ENE. Deposit

measures 1.5cm

C. Left level IIA-7 nodes - free of tumour

D. EJV node - 4 nodes - free of tumour

E. Left level IIB - 7 nodes - free of tumour

F. Left level III - 18 nodes - Free of tumour

G. Level IA - 3 nodes -free of tumour

H. Right level IB - 4 nodes - free of tumour

J. Right level IIA - 5 nodes - free of tumour

K. Right level IIB - 7 nodes-free of tumour

L. Right level III -4 nodes - free of tumour

M. Left level IV -4 nodes - free of tumour

**Impression :**

WLE left segmental mandibulectomy +Selective ND:

- Moderately differentiated squamous cell carcinoma.

- Tumour measures -3x2x2cm.

- Depth of invasion - 2cm

- Invasive front- Dyscohesive

- LHR - Moderate (1+)

- PNI - Seen (1+)

- Risk group - Intermediate

Margin status :

Anterior mucosal margin is close (2mm). Anteroinferior soft tissue margin is close (2mm).All other mucosal and

soft tissue margins are free of tumour.

Bony invasion - absent

Skin invasion - seen

Lymph nodes :

1/64 nodes show metastasis (level IB Left). Deposit measures 1.5cm .ENE seen.

Stage - pT4N2a

**Radiology Report**

**Created Date:** 25/04/2022

**Study Done:**

**MDCT NECK ( PLAIN)**

*Clinical information : C/o Ca left buccal mucosa status post WLE and chemo, now planned for mandibular*

*reconstruction*

Bony defect seen in body of left mandible at the level of lateral incisor with soft tissue mass , needs further

evaluation to rule out recurrence.

Postop soft tissue flap seen in situ.

No significant cervical nodes seen.

Thyroid gland appear normal.

Cervical spine appear normal.

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| **Date of Admission :**09/10/2018 | **Date of Procedure :**10/10/2018 |

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| **Date of Discharge :**22/10/2018 |

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

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| **DIAGNOSIS :** |
| Ca left buccal mucosa cT4aN2bM0(Final HPR Awaited) |

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| **PROCEDURE DONE :** |
| Wide local excision (left buccal mucosal lesion+ segmental mandibulectomy with excision of skin)B/L SND levels I-IV and ALT flap reconstruction, tracheostomy under GA |

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| **HISTORY :** |
| 56 yr old male k/c/co HTN on medication (15 yrs) now came with c/o non-healing ulcer in left oral cavity - 3months c/o swelling on the left side of face for the past 2 months. c/o difficulty in opening mouth. no h/o fever, swelling in any other part of the body. personal h/o: chews betelnut leavesx 25 yrs stopped for 8-9 months occasionally drinks alcohol.Came for further management. |

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| **PAST HISTORY :** |
| HTN x 15 yrs T.Losartan H 50 mg 1-0-0 No h/o DM/ DLP/ Asthma/ TB/ Seizures/ CAD / CVA / Thyroid Dysfunction No recent h/o fever and cough Bowel and bladder normal Good effort tolerance No Habituation to alcohol or smoking. |

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| **CLINICAL EXAMINATION :** |
| On Examination: GC Fair Vitals stable kps-100 L/E: A hemispherical swelling of size 3x3 cm present over the left side near to angle of mouth multiple puspoints present hair present over base of the swelling skin around the swelling appears oedematous tenderness present swelling is fixed trismus present with 1 1/2 fb mouth opening. level 1b lymph nodes enlarged level 2 lymph nodes on left side enlarged. |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| The patient was evaluated. He has undergone a histopath Biopsy on 05/10/2018 which reported as Moderately differentiated squamous cell carcinoma and MRI Head and Neck Contrast on 06/10/2018 which reported as Enhancing mass measuring 3.2 x 4 x 2.8 cm from the left cheek extending into the buccal space and skin.No bony infiltration. It involves the left parotid duct and abuts the masseter and emporalis insertion.Suspicious ipsilateral nodes.His case was discussed in Tumour board and planned for surgery.He was admitted on 09/10/2018 and after all preliminary investigations and evaluation he was taken up for proposed procedure. He underwent wide local excision (left buccal mucosal lesion+ segmental mandibulectomy with excision of skin) bl SND levels I-IV and ALT flap reconstruction, tracheostomy under GA. Postoperative period was uneventful. The surgical specimen was sent for histopathological evaluation for confirmation of diagnosis.He was shifted to ICU and later to the ward for post operative care. Drains were removed on POD-3, patient decannulated on POD 5. Alternate sutures were removed on on POD-9. Condition at discharge: Stable,afebrile,sutures removed,RT Insitu GC Fair Vitals stable |

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| **OPERATIVE FINDINGS :** |
| PROCEDURE- wide local excision (left buccal mucosal lesion+ segmental mandibulectomy with excision of skin) bl SND levels I-IV and ALT flap reconstruction, tracheostomy under GA surgeons- Dr DB sir, Dr Ridhi Sood/Srilekha findings- 3 x 4cm lesion left buccal mucosa, involving mandible and cheek skin, temporalis and masseter seemed uninvolved intraoperatively. level Ib, bl II, III nodes enlarged under GA with all aseptic precautions left angle split incision joined with circumferential incision around site of skin involvement, and transverse skin crease midline neck incision subplatysmal flaps elevated mandible exposed- bony cuts made from midline to subcondylary level specimen delivered in toto, oriented and sent for HPE parotid duct was not encountered during resection, running sutures taken in parotid region hemostasis achieved bl SND levels i-iv done spinal accessory nerve was preserved bilaterally specimen sent for HPE hemostasis achieved ALT flap Flap Harvest Note: Pre-operative doppler marking of the perforator done. Incision placed and deepened through to the fascia. Pedicle identified between the Vastus lateralis and the Rectus femoris muscles. 2 Musculo-cutaneous perforators noted in the distal half of the incision. 10x5 cm flap harvested based on the perforator. Pedicle dissected all the way up to the origin of the descending branch of the LCF artery. Flap detatched and haemostasis secured. Closure done in layers using Vicryl 2-0 and staples over a suction drain (No:14). Flap inset and Anastomosis: The harvested flap was inset onto the defect - cover external cheek and buccal mucosal defect anastomosis done to left facial artery and Vein. closure of neck done in layers procedure uneventful |

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

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| **WHEN TO OBTAIN URGENT CARE:** |
| -In case of bleeding -In case of infection/fever |

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| **DIET RECOMMENDATIONS :** |
| RT Feeds @ 3.5 litres per day HPD, HCD |

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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. Tab Dolo 650mg 1-0-1 X 5days Tab Pan 40mg 1-0-0 X 5days Tab Augmentin 625mg 1-1-1 X 7 days Cap Vizylac 1-0-1 X 5 days Chlorhexidine mouth gargles 3 times a day T Bact Ointment for LA X 7days Chestone 5ml BD X 7days MEDICINES TO CONTINUE Tab Losartan 50mg OD |

**Histopathology Tumour Board Discussion**

**Date of tumor board discussion :** 31/10/2018

**Histology (include histology done / reviewed elsewhere) :**

WLE left segmental mandibulectomy +Selective ND:

- Moderately differentiated squamous cell carcinoma.

- Tumour measures -3x2x2cm.

- Depth of invasion - 2cm

Margin status :

Anterior mucosal margin is close (2mm). Anteroinferior soft tissue margin is close (2mm). All other mucosal

and soft tissue margins are free of tumour.

Bony invasion - absent

Skin invasion - seen

Lymph nodes :

1/64 nodes show metastasis (level IB Left). Deposit measures 1.5cm .ENE seen.

Stage - pT4N2a

**Progress Notes**

**Date : 04/10/2018**

**ProgressNotes :**

56 yr old male k/c/co HTN on medication (15 yrs) now came with

c/o non-healing ulcer in left oral cavity - 3months

c/o swelling on the left side of face for the past 2 months.

c/o difficulty in opening mouth.

no h/o fever, swelling in any other part of the body.

personal h/o: chews betelnut leavesx 25 yrs stopped for 8-9 months

occasionally drinks alcohol

o/e:

kps-100

L/E:

A hemispherical swelling of size 3x3 cm present over the left side near to angle of mouth

multiple puspoints present

hair present over base of the swelling

skin around the swelling appears oedematous

tenderness present

swelling is fixed

trismus present with 1 1/2 fb mouth opening.

level 1b lymph nodes enlarged

level 2 lymph nodes on left side enlarged.

Impression : Ca left buccal mucosa cT4aN2bM0

PLAN: WLE + ND + STF

adv

MR head and Neck f/b Biopsy under la

CT Chest.

PAC

**Progress Notes**

**Date : 02/11/2022**

**ProgressNotes :**

C/oCarcinoma Left buccal mucosa cT4aN2bM0

S/P Wide local excision (left buccal mucosal lesion+ segmental mandibulectomy with excision of skin) B/L

SND levels I-IV and ALT flap reconstruction, tracheostomy under GA on 10/10/18.

Moderately differentiated Squamous cell Carcinoma. pT4N2a(ENE+)

Completed Post Operative Concurrent chemo radiation therapy using Tomotherapy technique with Inj. CDDP

75 mg weekly regimen on 1/1/2019,

now planned for mandibular reconstruction

ct neck -

Bony defect seen in body of left mandible at the level of lateral incisor with soft tissue mass , needs further

evaluation to rule out recurrence.

Postop soft tissue flap seen in situ.

No significant cervical nodes seen.

Thyroid gland appear normal.

Cervical spine appear normal.

adv

case reviewed, bony reconstruction may be very difficult and may not give any significant benefit, as soft

tissue is very tight and may need to provide for function if neded, this may also be very difficult and pt is not

very keen for it

**Operative Notes**

**Date : 14/10/2018**

**ProgressNotes :**

PROCEDURE- wide local excision (left buccal mucosal lesion+ segmental mandibulectomy with excision of

skin) bl SND levels I-IV and ALT flap reconstruction, tracheostomy under GA

findings- 3 x 4cm lesion left buccal mucosa, involving mandible and cheek skin, temporalis and masseter

seemed uninvolved intraoperatively. level Ib, bl II, III nodes enlarged

under GA with all aseptic precautions

left angle split incision joined with circumferential incision around site of skin involvement, and transverse

skin crease midline neck incision

subplatysmal flaps elevated

mandible exposed- bony cuts made from midline to subcondylary level

specimen delivered in toto, oriented and sent for HPE

parotid duct was not encountered during resection, running sutures taken in parotid region

hemostasis achieved

bl SND levels i-iv done

spinal accessory nerve was preserved bilaterally

specimen sent for HPE

hemostasis achieved

ALT flap

Flap Harvest Note: Pre-operative doppler marking of the perforator done. Incision placed and deepened

through to the fascia. Pedicle identified between the Vastus lateralis and the Rectus femoris muscles. 2

Musculo-cutaneous perforators noted in the distal half of the incision. 10x5 cm flap harvested based on the

perforator. Pedicle dissected all the way up to the origin of the descending branch of the LCF artery. Flap

detatched and haemostasis secured. Closure done in layers using Vicryl 2-0 and staples over a suction drain

(No:14).

Flap inset and Anastomosis: The harvested flap was inset onto the defect - cover external cheek and buccal

mucosal defect

anastomosis done to left facial artery and Vein.

closure of neck done in layers

procedure uneventful

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| |  | | --- | | **Speciality :**  RadiationOncology | |  | |
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| |  |  | | --- | --- | | **D/O Commencement of RT**  21/11/2018 | **D/O Completion of RT**  01/01/2019 | |
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| |  | | --- | | **FINAL DIAGNOSIS, STAGE AND HISTOLOGY**  Carcinoma Left buccal mucosa cT4aN2bM0 S/P Wide local excision (left buccal mucosal lesion+ segmental mandibulectomy with excision of skin) B/L SND levels I-IV and ALT flap reconstruction, tracheostomy under GA on 10/10/18. Moderately differentiated Squamous cell Carcinoma. pT4N2a(ENE+) Completed Post Operative Concurrent chemo radiation therapy using Tomotherapy technique with Inj.CDDP 75 mg weekly regimen. | |  | | **CLINICAL HISTORY AND PHYSICAL FINDINGS**  56 year old gentleman, presented with complaints of non-healing ulcer in left oral cavity since 3months. He also gives history of swelling on the left side of face for the past 2 months. He also gives history of difficulty in opening mouth. No history of fever, swelling in any other part of the body. He came for further management. He was evaluated in Head and neck surgery. On Examination: GC Fair Vitals stable KPS 100 L/E: A hemispherical swelling of size 3x3 cm present over the left side near to angle of mouth- multiple pus points present -hair present over base of the swelling -skin around the swelling appears oedematous -tenderness present -swelling is fixed -trismus present with 1 1/2 fb mouth opening. level 1b lymph nodes enlarged -level 2 lymph nodes on left side enlarged. MDCT Chest Plain [Dated: 04/10/18] Two tiny millimetric nodules seen, one in the apical segment of right upper lobe and another in the superior segment of right lower lobe - too small to characterize. Rest of the lung parenchyma appears normal. Few subcentimetric lymphnodes seen in upper paratracheal (8x5mm), lower paratracheal (9x4mm) and paraaortic (7x5mm). Small left supraclavicular node seen. MRI Head and Neck with Contrast [Dated; 08/10/18] showed enhancing mass measuring 3.2 x 4 x 2.8 cm from the left cheek extending into the buccal space , subcutaneous tissue and skin. Superior and inferior buccogingival sulcus appear involved. No extension to alveolus. No bony infiltration. It involves the left parotid duct and abuts the masseter and temporalis insertion. Enlarged nodes seen in level Ia, left level Ib, II and bilateral level III nodes noted. Larynx and pharynx appear normal. Both parotid and submandibular salivary glands appear normal. Bilateral neck vessels are normal. Biopsy Left buccal mucosa growth [Dated: 08/10/18] Moderately differentiated squamous cell carcinoma. He underwent Wide local excision (left buccal mucosal lesion+ segmental mandibulectomy with excision of skin) B/L SND levels I-IV and ALT flap reconstruction, tracheostomy under GA on 10/10/18 Intraoperative findings- A 3 x 4cm lesion left buccal mucosa, -involving mandible and cheek skin, temporalis and masseter seemed uninvolved intraoperatively. Level Ib, bilateral II, III nodes enlarged Post OP HPE: WLE segmental mandibulectomy +Selective ND: - Moderately differentiated squamous cell carcinoma.Tumour measures -3x2x2cm. Depth of invasion - 2cm. Invasive front-Dyscohesive. LHR - Moderate (1+). PNI - Seen (1+). Risk group - Intermediate. Margin status : Anterior mucosal margin is close (2mm). Anteroinferior soft tissue margin is close (2mm). All other mucosal and soft tissue margin are free of tumour. Bone invasion : absent, Skin invasion - seen Lymph nodes : 1/64 nodes show metastasis (level Ib Left). Deposit measures 1.5cm . ENE seen. He was pathologically staged as pT4N2a He was referred to Radiation Oncology for further management and was planned for Concurrent chemoradiation therapy. | |  | | **INVESTIGATIONS :**  **Haemogram:**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Date:** | **Hb: g/dl** | **PCV: %** | **PLT: ku/ml** | **TC: ku/ml** | **DC: N %** | **L: %** | **E: %** | **ESR: mm/1st hr** | | 21/11/2018 | 12.9 | 39.2 | 359 | 7.92 | 43.6 | 35.3 | 8.9 | - | | 27/11/2018 | 13.4 | 39.9 | 372 | 6.19 | 61.9 | 24.1 | 7.9 | - | | 04/12/2018 | 12.4 | 39.7 | 335 | 7.23 | 78.1 | 8.2 | 4.3 | - | | 10/12/2018 | 11.6 | 36.7 | 354 | 6.20 | 75.2 | 7.6 | 5.1 | - | | 17/12/2018 | 11.2 | 35.7 | 299 | 5.02 | 78.2 | 7.0 | 4.9 | - | | 24/12/2018 | 11.0 | 32.3 | 225 | 3.01 | 81.7 | 7.4 | 4.4 | - |   **Liver Function Test:**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Date:** | **T. Bilirubin: mg/dl** | **D. Bilirubin: mg/dl** | **SGOT: IU/L** | **SGPT: IU/L** | **ALP: IU/L** | **T. Protein: gms/dl** | **S. Alb: g/dl** | **S. Glob: g/dl** | | 21/11/2018 | 0.36 | 0.09 | 17.7 | 23.8 | 48.0 | 8.1 | 4.5 | 3.58 |   **Renal Function Test and Serum Electrolytes:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Date:** | **Urea: mg/dl** | **Creatinine: mg/dl** | **Na+: mEq/L** | **K+: mEq/L** | | 08/11/2018 | - | 0.72 | - | - | | 21/11/2018 | 13.4 | 0.72 | - | - | | 27/11/2018 | - | 0.72 | - | - | | 04/12/2018 | - | 0.70 | - | - | | 10/12/2018 | - | 0.66 | 135.2 | 4.5 | | 17/12/2018 | - | 0.68 | - | - | | 24/12/2018 | - | 0.68 | - | - |   Date: 24/12/2018   |  |  | | --- | --- | | RBC-COUNT-Blood : 3.74 M/uL | MCV-Blood : 86.4 fL |  |  |  | | --- | --- | | MCH-Blood : 29.4 pg | MCHC-Blood : 34.1 g/dl |  |  |  | | --- | --- | | RDW-Blood : 13.1 % | MPV-Blood : 8.5 fL |  |  |  | | --- | --- | | MONO -Blood : 6.1 % | BASO-Blood : 0.4 % |   Date: 17/12/2018   |  |  | | --- | --- | | RBC-COUNT-Blood : 3.96 M/uL | MCV-Blood : 90.1 fL |  |  |  | | --- | --- | | MCH-Blood : 28.2 pg | MCHC-Blood : 31.3 g/dl |  |  |  | | --- | --- | | RDW-Blood : 13.3 % | MPV-Blood : 6.8 fL |  |  |  | | --- | --- | | MONO -Blood : 9.4 % | BASO-Blood : 0.5 % |   Date: 10/12/2018   |  |  | | --- | --- | | RBC-COUNT-Blood : 4.07 M/uL | MCV-Blood : 90.1 fL |  |  |  | | --- | --- | | MCH-Blood : 28.5 pg | MCHC-Blood : 31.6 g/dl |  |  |  | | --- | --- | | RDW-Blood : 13.1 % | MPV-Blood : 7.4 fL |  |  |  | | --- | --- | | MONO -Blood : 11.7 % | BASO-Blood : 0.4 % |   Date: 04/12/2018   |  |  | | --- | --- | | RBC-COUNT-Blood : 4.40 M/uL | MCV-Blood : 90.2 fL |  |  |  | | --- | --- | | MCH-Blood : 28.2 pg | MCHC-Blood : 31.2 g/dl |  |  |  | | --- | --- | | RDW-Blood : 13.0 % | MPV-Blood : 8.0 fL |  |  |  | | --- | --- | | MONO -Blood : 9.0 % | BASO-Blood : 0.4 % |   Date: 27/11/2018   |  |  | | --- | --- | | RBC-COUNT-Blood : 4.49 M/uL | MCV-Blood : 88.9 fL |  |  |  | | --- | --- | | MCH-Blood : 29.8 pg | MCHC-Blood : 33.6 g/dl |  |  |  | | --- | --- | | RDW-Blood : 12.1 % | MPV-Blood : 9.3 fL |  |  |  | | --- | --- | | MONO -Blood : 5.5 % | BASO-Blood : 0.6 % |   Date: 21/11/2018   |  |  | | --- | --- | | RBC-COUNT-Blood : 4.31 M/uL | MCV-Blood : 91.1 fL |  |  |  | | --- | --- | | MCH-Blood : 29.9 pg | MCHC-Blood : 32.8 g/dl |  |  |  | | --- | --- | | RDW-Blood : 12.6 % | MPV-Blood : 8.1 fL |  |  |  | | --- | --- | | MONO -Blood : 11.7 % | BASO-Blood : 0.5 % | | |  | | **HISTOPATHOLOGY REPORTS**  Biopsy left buccal mucosa growth [dated: 8/10/2018] Moderately differentiated squamous cell carcinoma. Post OP HPR [dated; 19/10/2018] WLE left segmental mandibulectomy +Selective ND: - Moderately differentiated squamous cell carcinoma. Tumour measures -3x2x2cm. Depth of invasion - 2cm Invasive front- Dyscohesive LHR - Moderate (1+) PNI - Seen (1+) Risk group - Intermediate Margin status : Anterior mucosal margin is close (2mm). Anteroinferior soft tissue margin is close (2mm). All other mucosal and soft tissue margins are free of tumour. Bony invasion - absent Skin invasion - seen Lymph nodes : 1/64 nodes show metastasis (level IB Left). Deposit measures 1.5cm .ENE seen. Stage - pT4N2a | |  | | **RADIOLOGY AND NUCLEAR MEDICINE REPORTS**  CT Chest Plain [Dated; 4/10/2018] Two tiny millimetric nodules seen, one in the apical segment of right upper lobe and another in the superior segment of right lower lobe - too small to characterize. Rest of the lung parenchyma appears normal. Normal mediastinal vascular structures. The hila are normal. The tracheobronchial tree is normal. No pleural pathology. Chest wall is normal.Few subcentimetric lymphnodes seen in upper paratracheal (8x5mm), lower paratracheal (9x4mm) and paraaortic (7x5mm). Small left supraclavicular node seen.Diffuse hypoattenuation noted in the right lobe of liver on plain study - ? fatty infiltration. Impression:Two millimetric nodules in the right lung - too small to characterize. MRI Head and Neck with Contrast [Dated: 6/10/2018] Enhancing mass measuring 3.2 x 4 x 2.8 cm from the left cheek extending into the buccal space , subcutaneous tissue and skin. Superior and inferior buccogingival sulcus appear involved.No extension to alveolus.No bony infiltration. It involves the left parotid duct and abuts the masseter and temporalis insertion. Enlarged nodes seen in level Ia, left level Ib, II and bilateral level III nodes noted. Larynx and pharynx appear normal. Both parotid and submandibular salivary glands appear normal. Bilateral neck vessels are normal. Thyroid gland shows homogenous dense enhancement and is normal in size and outline. No focal lesion seen. Cervical spine appear normal. Impression: Enhancing mass measuring 3.2 x 4 x 2.8 cm from the left cheek extending into the buccal space and skin.No bony infiltration. It involves the left parotid duct and abuts the masseter and temporalis insertion. Suspicious ipsilateral nodes. | |  | |
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| |  | | --- | | **Treatment Given:** | |  | | **SURGERY DETAILS :**  S/P Wide local excision (left buccal mucosal lesion+ segmental mandibulectomy with excision of skin) B/L SND levels I-IV and ALT flap reconstruction, tracheostomy under GA on 10/10/18. | |  | | **RADIATION DETAILS :**  Intent: Curative, as adjuvant chemo radiation Technique: Tomotherapy Site of Disease:Left Buccal mucosa Cat Scan Simulation on 8/11/2018 Complex Computerised Treatment Planning on 21/11/2018 RT Started on 21/11/2018 RT completed on 1/1/2019 Treatment breaks- Nil Total Dose: 6600 cGy in 30 fractions | |  | | **Primary Tumour And Drainage Area :**  Site: PTV 66 Gy [ High risk= Left level Ib+ Tumor bed] Energy: 6 MV Photons Dose: 6600 cGy in 30 fractions Schedule: 220 cGy per fraction and 5 fractions a week Dose prescribed to 100% isodose line. Site: PTV 60 Gy [ Left ITF+ Left buccal mucosa+ Left level I, II, and III Nodal station] Energy: 6 MV Photons Dose: 6000 cGy in 30 fractions Schedule: 200 cGy per fraction and 5 fractions a week Dose prescribed to 100% isodose line. Site: PTV 54 Gy [ Right level Ib- VI and left level IV, V and VI Nodal station] Energy: 6 MV Photons Dose: 5400 cGy in 30 fractions Schedule: 180 cGy per fraction and 5 fractions a week Dose prescribed to 100% isodose line. | |  | |  | |  | |  | |  | | **CHEMOTHERAPY DETAILS :**  Received 6 cycles of weekly concurrent chemotherapy with Inj.CDDP 75 mg in 1 bottle NS > 1 hrs. Last was on 1/1/2019 | |  | | **TREATMENT COURSE :**  , 56 year old gentleman, diagnosed as a case of Carcinoma Left buccal mucosa, Post Operative, completed planned course of Post Operative Adjuvant chemo radiation therapy well without interruptions. At completion he has Grade II skin reaction and Grade II mucositis. | |  | | **ADVICES AT DISCHARGE, MEDICATIONS AND FURTHER PLAN**  1. Review after 1 and 2 weeks in RT OPD. 2. Review after 4-6 weeks in HNS-RT Combined Follow Up Clinic for evaluation of Primary Disease, Neck Nodes 3. Review every month in RT OPD for one year and then as advised. Investigations: 1. CXR PA View, CBC, RFT and Liver Enzymes [SGOT, SGPT and Alkaline Phosphatase] 4- 6 weeks post RT and then as advised by the Physician [CXR every 6 months]. 2. TFT [T3, T4, TSH] every 6 months routinely to rule out post RT hypothyroidism. Oral and Skin Care: 1. Mix a pinch of Soda Bicarbonate powder and one table spoon of common salt in a liter of water and use as mouth wash every 4 to 6 hours. Neem Leaf mouth wash as advised. 2. Skin care: Avoid applying oil and washing with soap. Gentle splashing of water followed by mopping with towel. Normal daily bath can be resumed after 3 weeks of completion of RT. Apply ointments or creams only as per Doctors' advice. 3. Silver Sulfadiazine Cream for Local Application TID for wounds [for healing]. Specific: 1. High calorie feeds: 3500 calorie and 120 gm protein with mineral and vitamin supplementation in 2.5 liters of liquid diet. Orally as tolerated | |