|  |
| --- |
| **CT - Report** |

|  |  |  |
| --- | --- | --- |
| |  | | --- | | **CreatedDate:**  19/11/2013 | |  | |
|  |
| |  | | --- | | **Study Done:**  **MDCT NECK - CONTRAST**    Soft tissue enhancing mass noted in the left alveolar margin of maxilla extending into the superior gingival sulcus into the buccal mucosa, buccinator and to the cheek.    Medially it extends to the hard palate.    Posterosuperiorly it extends to the pterygoid muscles insertion of temporalis muscle infra temporal fossa.    Inferiorly it extends to the gingival margin of mandible and masseter to the cheek.    Erosion of posterolateral wall of left maxillary sinus and ramus of left mandible noted.    Tongue appears normal.    Lips appear normal.    Few subcentimetric nodes noted in left I, II noted.    A 7x6 mm lymphnode noted in the left level III. | |  | |
|  |
| |  | | --- | | **Impression:**       **Soft tissue enhancing lesion noted in the left alveolar margin of maxilla with extension as described.** | |

|  |
| --- |
| **CT - Report** |

|  |  |  |  |
| --- | --- | --- | --- |
| |  | | --- | | **CreatedDate:**  19/11/2013 | |  | | |
|  | |
| |  | | --- | | **Study Done:**  **CT BRAIN ? PLAIN**    A 6 x 6mm hypodense lesion with CSF density noted in the left middle cerebral artery territory ? probably gliotic changes sequalae to the old infarct. A small hypodense area of CSF density noted in the right thalamus ? probably old infarct.    Atrophic changes noted in the brain (prominent ventricles, sulci, gyri).    Bony calvarium appears normal.    No evidence of intra axial / extra axial haemorrhage.    Brainstem and cerebellum appears normal. | |  | | |
|  | |
| |  | | --- | | **Impression:**          **Gliotic changes noted in left middle cerebral artery territory and right thalamus.** | | |
| **SURGICAL PATHOLOGY REPORT** |

|  |  |  |
| --- | --- | --- |
| |  |  | | --- | --- | | **Date of sample collection :**  20/11/2013 |  | |
|  |
| |  | | --- | | **Received on :**  20/11/2013 | |
|  |
| |  |  | | --- | --- | |  | **Reported Date :**  21/11/2013 | |
|  |

|  |  |  |
| --- | --- | --- |
| |  | | --- | | **Gross Description :**  Received for review are 2 slides only labelled | |  | |
|  |

|  |  |  |
| --- | --- | --- |
| |  | | --- | | **Microscopic Description :**  Sections show tissue lined by stratified squamous epithelium with areas of dysplasia and focal area showing nests of atypical cells with round to oval vesicular nucleus, conspicuous nucleoli and moderate cytoplasm with distinct cell borders infiltrating down. Scattered mitosis seen. Focal keratin pearl formation seen. | |  | |
|  |

|  |  |  |
| --- | --- | --- |
| |  | | --- | |  | |  | |
|  |

|  |  |
| --- | --- |
| |  | | --- | | **Impression :**  Slide review 2832/13- Left RMT lesion Biopsy :- Moderately differentiated squamous cell carcinoma  **SURGICAL PATHOLOGY REPORT**  **Date of sample collection :** 02/12/2013  **Received on :** 02/12/2013  **Reported Date :** 07/12/2013  **Clinical Impression :**  Carcinoma RMT ?  **Gross Description :**  Received in fresh are two specimens. The I specimen labelled as "soft tissue left cheek", consists of partly  mucosa covered tissue which measures 0.7x0.5x0.4cm.  Frozen I read as :- Positive for malignancy  Specimen II labelled as ? Facial nerve", consists of single linear grey white tissue measures 0.4x0.3x0.2cm.  Frozen II read as :- Negative for malignancy  Subsequently received in formalin are 9 specimens. The I specimen labelled as "WLE + Segmental  Mandibulectomy",consists of segment of mandible with hard palate, buccal mucosa and an attached salivary  gland. Mandible measures 8.5x3cm, hard palate measures 4x2x1cm. There is a grey white ulceroproliferative  -growth identified in RMT region measures 1.3cm (A-P)x1.5cm (S-I) x2 cm (M-L). The lesion is 0.8cm from  anteriormucosal margin, 1.2 cm from posterior mucosal margins, 0.8cm from inferior mucosal margin, 3cm from  palatal margin. The lesion is 2cm away from posterior soft tissue margin and 3cm away from superior soft tissue  margin (infratemporal fossa). Attached salivary gland measures 4x3x0.5cm. On serial sectioning the lesion is  0.1cm from skin margin. On lateral aspect of specimen circular piece of skin measures 2.5x3.5cm with an in  duration noted in the surface. Representative sections are submitted as follows:  A1 - Anterior mucosal shaved  A2 - Posterior mucosal margin shaved  A3 - Inferior mucosal margin shaved  A4 - Posterior soft tissue margin  A5 - Superior soft tissue margin  A6 - Lesion with skin  A7-A8 - From salivary gland  FB1- Maxilla superior margin  FB2- anterior maxillary margin  FB3- lesion with maxilla  Specimen II labelled as "Left level Ia", consists of nodular tissue bit measures 1.5x0.5x0.2cm. 8 lymph nodes  identified submitted in one cassette B.  Specimen III labelled as "Left level III B", consists of fibrofatty tissue measures 2.5x1.5x0.2cm. 3 lymph nodes  identified. Entire specimen submitted in cassette C..  Specimen IV labelled as "Left level IIa", consists of fibrofatty tissue measures 1.5x1x0.2cm. Entire specimen  submitted in cassette D.  Specimen V labelled as "Left level III", consists of fibrofatty tissue measures 4x3.5x0.7cm. Representative  sections are submitted in E1 - E2 cassettes.  Specimen VI labelled as "Inferior turbinate", consists of a grey white tissue bits measures 3x0.5x0.2cm. Entire  specimen submitted in cassette F.  Specimen VII labelled as "Nasopharyngeal mucosa", consists of single grey white tissue bit measures  3.5x2x0.5cm. Entire specimen submitted in G1-G2 cassettes.  Specimen VIII labelled as "Left lateral floor of mouth mucosal margin", consists of single grey white tissue bit  measures 1.5x1x0.5cm. Entire specimen submitted in cassette H.  Specimen IX labelled as "Left level IV", consists of 2 nodular tissue bit in aggregate measures 0.8x0.5x0.2cm.  Entire specimen submitted in cassette J.  (Dr.Rohit/sh)  **Microscopic Description :**  A) Section shows a neoplasm arranged in sheets and irregular nests, consists of polypoidal cells with round to  oval nucleus, prominent nucleoli and moderate amount of eosinophilic cytoplasm. Intercellular bridges are  prominent. Keratin pearls seen. Mitotic figures are present (4-5/hpf). All soft tissue and mucosal margins are free  of tumor. No LVE /PNI seen.Tumor is seen infiltrating the mandibular bone.Bony margins and adjacent salivary  gland are free of tumor. Maxilla and maxillary margins are free of tumor.  B) Section show 1 lymph node negative for malignant cells  C) Sections show 4 lymph nodes, negative for malignant cells  D) No lymph nodes identified  E) Sections show 3 lymph node, negative for malignant cells  F) Section show tissue lined by pseudostratified ciliated columnar epithelium, serous and mucinous glands. No  evidence of malignancy seen.  G) Section show tissue lined by respiratory epithelium. Serous and mucinous glands present. No evidence of  malignancy seen.  H) Sections show tissue lined by stratified squamous epithelium, consists of serous and mucinous glands. No  evidence of malignancy seen.  J) Section show 1 lymph node. No evidence of malignancy.  **Impression :**  WLE + Segmental Mandibulectomy+infrastructure maxillectomy :-  Moderately differentiated squamous cell carcinoma, buccal mucosa  Tumor size - 1.5x1.3x2 cm  8 lymph nodes seen - all are free of tumor  All margins are free of tumor  No LVE / PNI seen  Mandibular bone is involved.  Bony margins and adjacent salivary gland are free of tumor.  pT1N0Mx  **Date :** 08/01/2014 **Created Time :** 09:29  **This is an addendum to the clinical document. This should be issued and read always alongwith the**  **original document.**  **ADDENDUM :**  Gross description:  Representative sections are submitted as follows:  A1 - Anterior mucosal shaved  A2 - Posterior mucosal margin shaved  A3 - Inferior mucosal margin shaved  A4 - Posterior soft tissue margin  A5 - Superior soft tissue margin  A6 - Lesion with skin  A7-A8 - From salivary gland  A9 -Anterior mandibular bony margin  A10, A11- lesion with bone  A12 - Posterior bony margin  A13 - Superior palatal margin  A14, A15 - From the salivary gland.  FB1- Maxilla superior margin  FB2- anterior maxillary margin  FB3- lesion with maxilla  Impression :  WLE + Segmental Mandibulectomy+infrastructure maxillectomy :  Moderately differentiated squamous cell carcinoma, buccal mucosa  Tumor size - 1.5x1.3x2 cm  8 lymph nodes seen - all are free of tumor  All margins are free of tumor  No LVE / PNI seen  Mandibular bone is involved.  Bony margins and adjacent salivary gland are free of tumor.  pT4N0Mx | |

|  |  |
| --- | --- |
| **Date of Admission :**01/12/2013 | **Date of Procedure :**02/12/2013 |

|  |
| --- |
| **Date of Discharge :**09/12/2013 |

|  |
| --- |
|  |

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

|  |
| --- |
| **DIAGNOSIS :** |
| Carcinoma Left Retromolar trigone |

|  |
| --- |
| **PROCEDURE DONE :** |
| Composite Resection of Left Retromolar Trigone tumour including Right Infrastructure Maxillectomy and Right Posterior Segmental Mandibulectomy + Left Level (I - IV) Neck Dissection + Left PMMC under GA on 02.12.2013 |

|  |
| --- |
| **HISTORY :** |
| 73 year old male Mr. Sadasivan presented to Head and Neck OPD with complaints of ulcer left cheek since two months. Biopsy done outside showed 13-11-2013 showed dysplastic stratified squamous epithelium with tiny focus suspicious of malignancy. Came here for further management. |

|  |
| --- |
| **PAST HISTORY :** |
| Known case of Old CVA 15 years back Systemic hypertension x 15 years |

|  |
| --- |
| **CLINICAL EXAMINATION :** |
| O/E ulceration over the Left cheek 2cm from the commisure mouth opening restricted 2 FB deep ulcerated lesion in the left RMT & buccal mucosa Edentulous Neck N0 VLS - could not be done |

**INVESTIGATIONS :**

**Haemogram:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** | **Hb: g/dl** | **PCV: %** | **PLT: ku/ml** | **TC: ku/ml** | **DC: N %** | **L: %** | **E: %** | **ESR: mm/1st hr** |
| 01/12/2013 | 14.4 | 41.7 | 263 | 9.4 | 70.5 | 18.4 | 1.7 | - |
| 02/12/2013 | 8.5 | 24.8 | 166.0 | - | - | - | - | - |
| 03/12/2013 | 12.8 | 37.0 | 200.0 | 12.3 | 91.2 | 3.13 | 0.0 | - |
| 04/12/2013 | 9.9 | 28.7 | 160 | 12.1 | 87.9 | 5.4 | 0.0 | - |
| 05/12/2013 | 8.0 | 22.6 | 148.0 | 4.41 | 76.3 | 14.0 | 0.207 | - |
| 06/12/2013 | 9.4 | 27.7 | 158 | - | - | - | - | - |
| 07/12/2013 | 15.0 | 68.0 | 349.0 | 5.99 | 74.3 | 11.3 | 0.776 | - |
| 09/12/2013 | 11.0 | 32.1 | 156.0 | 14.2 | 80.1 | 8.14 | 0.143 | - |

**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** |
| 01/12/2013 | 1.19 | 0.22 | 28.6 | 21.7 | 83.4 | 7.53 | 4.07 | 3.5 |

**Renal Function Test and Serum Electrolytes:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date:** | **Urea: mg/dl** | **Creatinine: mg/dl** | **Na+: mEq/L** | **K+: mEq/L** |
| 01/12/2013 | 21.3 | 1.02 | 135.4 | 4.1 |
| 03/12/2013 | - | - | 136.1 | 3.7 |
| 04/12/2013 | 32.0 | 0.89 | 130.0 | 4.4 |
| 05/12/2013 | 28.7 | 0.88 | 134.0 | 3.7 |
| 07/12/2013 | 21.7 | 0.91 | 132.4 | 3.7 |
| 09/12/2013 | 18.3 | 0.70 | 124.1 | 3.5 |

Date: 09/12/2013

|  |  |
| --- | --- |
| RBC-COUNT-Blood : 3.48 M/uL | MCV-Blood : 92.5 fL |

|  |  |
| --- | --- |
| MCH-Blood : 31.7 pg | MCHC-Blood : 34.3 g/dl |

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

|  |  |
| --- | --- |
| MONO -Blood : 10.7 % | BASO-Blood : 0.871 % |

Date: 07/12/2013

|  |  |
| --- | --- |
| Glucose [Urine] : Neg mg/dl | Bilirubin [Urine] : Neg umol/L |

|  |  |
| --- | --- |
| Ketone [Urine] : Neg mmol/L | Specific Gravity-urine : 1.010 NONE |

|  |  |
| --- | --- |
| Blood [Urine] : 2+ EU | Urine pH : 6.5 NONE |

|  |  |
| --- | --- |
| Urine Protein : Neg | Urobillinogen-urine : Normal umol/L |

|  |  |
| --- | --- |
| Leucocytes-urine : Neg | Nitrite-urine : Neg |

|  |  |
| --- | --- |
| Microscopy (Urine) : 10-15RBCs,1-2PUS CELLS/HPF | Color-urine : STRAW |

|  |  |
| --- | --- |
| Clarity-urine : CLOUDY | RBC-COUNT-Blood : 7.34 M/uL |

|  |  |
| --- | --- |
| MCV-Blood : 92.7 fL | MCH-Blood : 20.4 pg |

|  |  |
| --- | --- |
| MCHC-Blood : 22.1 g/dl | RDW-Blood : 17.3 % |

|  |  |
| --- | --- |
| MPV-Blood : 7.02 fL | MONO -Blood : 12.7 % |

|  |  |
| --- | --- |
| BASO-Blood : 0.919 % |  |

Date: 05/12/2013

|  |  |
| --- | --- |
| RBC-COUNT-Blood : 2.42 M/uL | MCV-Blood : 93.6 fL |

|  |  |
| --- | --- |
| MCH-Blood : 33.1 pg | MCHC-Blood : 35.3 g/dl |

|  |  |
| --- | --- |
| RDW-Blood : 15.3 % | MPV-Blood : 7.44 fL |

|  |  |
| --- | --- |
| MONO -Blood : 9.11 % | BASO-Blood : 0.388 % |

Date: 04/12/2013

|  |  |
| --- | --- |
| RBC-COUNT-Blood : 3.03 M/uL | MCV-Blood : 94.9 fL |

|  |  |
| --- | --- |
| MCH-Blood : 32.6 pg | MCHC-Blood : 34.4 g/dl |

|  |  |
| --- | --- |
| RDW-Blood : 14.9 % | MPV-Blood : 9.0 fL |

|  |  |
| --- | --- |
| MONO -Blood : 6.6 % | BASO-Blood : 0.1 % |

Date: 03/12/2013

|  |  |
| --- | --- |
| RBC-COUNT-Blood : 3.96 M/uL | MCV-Blood : 93.2 fL |

|  |  |
| --- | --- |
| MCH-Blood : 32.4 pg | MCHC-Blood : 34.7 g/dl |

|  |  |
| --- | --- |
| RDW-Blood : 16.1 % | MPV-Blood : 7.0 fL |

|  |  |
| --- | --- |
| MONO -Blood : 5.48 % | BASO-Blood : 0.146 % |

|  |  |
| --- | --- |
| RBC-COUNT-Blood : 3.4 M/uL | MCV-Blood : 93.8 fL |

|  |  |
| --- | --- |
| MCH-Blood : 32.2 pg | MCHC-Blood : 34.3 g/dl |

|  |  |
| --- | --- |
| RDW-Blood : 15.4 % | MPV-Blood : 6.16 fL |

|  |  |
| --- | --- |
| MONO -Blood : 3.22 % | BASO-Blood : 0.303 % |

Date: 01/12/2013

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

|  |  |
| --- | --- |
| HBs Ag Test - Emergency Screen : 0.07 Non Reactive | Anti HCV - Emergency Screen : 0.22 Non Reactive |

|  |  |
| --- | --- |
| HIV - Emergency Screen(P24 Ag and HIV 1 and 2 Ab) : 0.21 Non Reactive | APTT[Activated Partial Thrombo-Plasma : 28.1/32.2 s |

|  |  |
| --- | --- |
| Glucose [R]-Plasma : 122.8 mg/dl | PT[Prothrombin Time with INR]-Plasma : 16.2/14.60/1.13 sec |

|  |  |
| --- | --- |
| RBC-COUNT-Blood : 4.28 M/uL | MCV-Blood : 97.5 fL |

|  |  |
| --- | --- |
| MCH-Blood : 33.7 pg | MCHC-Blood : 34.6 g/dl |

|  |  |
| --- | --- |
| RDW-Blood : 13.6 % | MPV-Blood : 8.4 fL |

|  |  |
| --- | --- |
| MONO -Blood : 9.0 % | BASO-Blood : 0.4 % |

|  |
| --- |
|  |
| CreatedDate:19/11/2013 Study Done: MDCT NECK - CONTRAST Soft tissue enhancing mass noted in the left alveolar margin of maxilla extending into the superior gingival sulcus into the buccal mucosa, buccinator and to the cheek. Medially it extends to the hard palate. Posterosuperiorly it extends to the pterygoid muscles insertion of temporalis muscle infra temporal fossa. Inferiorly it extends to the gingival margin of mandible and masseter to the cheek Erosion of posterolateral wall of left maxillary sinus and ramus of left mandible noted. Tongue appears normal. Lips appear normal. Few subcentimetric nodes noted in left I, II noted. A 7x6 mm lymphnode noted in the left level III. Impression: Soft tissue enhancing lesion noted in the left alveolar margin of maxilla with extension Surgical Pathology Report Received on :20/11/2013 Reported Date :21/11/2013 Histology Lab No :S13-12892 Gross Description : Received for review are 2 slides only labelled as "2832/13". Microscopic Description : Sections show tissue lined by stratified squamous epithelium with areas of dysplasia and focal area showing nests of atypical cells with round to oval vesicular nucleus, conspicuous nucleoli and moderate cytoplasm with distinct cell borders infiltrating down. Scattered mitosis seen. Focal keratin pearl formation seen. Impression : Slide review 2832/13- Left RMT lesion Biopsy :- Moderately differentiated squamous cell carcinoma CreatedDate:08/12/2013 Study Done: ULTRASOUND OF KUB Right kidney Measures 9.4 x 4.6 cm. Parenchymal thickness measures 12 mm. No hydronephrosis / hydroureter / Calculi. Left kidney Measures 10.3 x 4.5 cm. Parenchymal thickness measures 12 mm. No hydronephrosis / hydroureter / Calculi. Ureters are not dilated. Bladder Partially distended and grossly normal, Foley?s insitu. Prostate measures 40 cc, enlarged. Minimal bilateral pleural effusion noted. Impression: Prostatomegaly. |

|  |
| --- |
| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| The patient was evaluated. MDCT Head and Neck with contrast was done on 19-11-2013 which showed Soft tissue enhancing lesion noted in the left alveolar margin of maxilla with extension. Slide review done at AIMS on 20-11-2013 reported as Moderately differentiated squamous cell carcinoma. His case was discussed in Head and Neck tumour board and planned for surgery. He underwent Composite Resection of Left Retromolar Trigone tumour including Right Infrastructure Maxillectomy and Right Posterior Segmental Mandibulectomy on 02-12-2013 under GA. Post procedure he developed delirum in the ward, hence pyschiatry consultation was sought and managed as per their advise. Rest of the post operative period was uneventful. Condition at discharge: Stable, afebrile, On tracheostony tube, neck and chest sutures insitu. |

|  |
| --- |
| **OPERATIVE FINDINGS :** |
| Surgery:Composite Resection of Left Retromolar Trigone tumour including Right Infrastructure Maxillectomy and Right Posterior Segmental Mandibulectomy + Left Level (I - IV) Neck Dissection + Left PMMC under GA on 02.12.2013 Procedure: Patient under Nasotracheal intubation,in supine position, painted and draped. Right angle split of cheek (preserving the Left lip commissure) including the cheek skin incision given. Left cheek flap raised ,posterior segmental mandibulectomy perfomed after doing the wide excision of the tumour intraorally. Left infrastructure maxillectoym performed with midline incision over the palatal mucosa. The tumor with the maxillectomy and mandibulecotmy specimen with skin excised intot and sent for HPR. Submental fibrofatty tissue dissected and displaced inferiorly. Facial artery and vein ligated and cut. Submandibular duct divided and ligated. Submandibualr fibrofatty tissue along with the submandibular gland dissected out. SCM dissected on its medial border to expose the Spinal accessory nerve, internal jugular vein and the carotid artery. Dissection continued inferiorly till omohyoid cross over separating the specimen from the IJV, carotid sheath, vagus and hypoglossal while proceeding medially. Specimen completely separted from the IJV and delivered. Hemostasis confirmed. Drain placed in situ. Oral cavity Defect reconstructed with Left PMMC flap. The skin paddle harvested and transfered into the oral defect insetted. Ckeek Skin wound closed primarily in layers. Chest wound closed in layers with drain in situ. Procedure uneventful. |

|  |
| --- |
| **DIET RECOMMENDATIONS :** |
| ryle's tube feeds- 2.5 litres/day |

|  |
| --- |
| **DISCHARGE MEDICATION :** |
| Tab. Disprin 125 mg 1-0-0 to be continued Tab. Ciplox 500 mg 1-0-1 x 7 days Tab. Urimax 0.4 mg HS x 1 week Tab. Serenace 1.5 mg SOS Tab. Sove 10 mg SOS Tab. Phenegran 10 mg SOS Continue own medications |

**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 :**

Risk assessment

WLE + PMMC if acceptable risk + adj 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 :**

ideally requires RT. To be discussed with bystanders regarding feasibility of further treatment

**Progress Notes**

**Date : 18/11/2013**

**ProgressNotes :**

T4aN0Mx

CA left RMT

Bx outside 13/11/13 - dysplastic stratified squamous epithelium with tiny focus suspicious of malignancy

ulcer left cheek - 2months

h/o stroke 15 yrs back

no DM

HT

smoker stopped 10 yrs back

O/E

ulceration over the Left cheek 2cm from the commisure

mouth opening restricted 2 FB

deep ulcerated lesion in the left RMT & buccal mucosa

Edentulous

neck N0

VLS - could not be done

Adv:

Slide review

PAc invst

CT HN Chest

cardio, pulmo, Neuro consult for evaluation for surgery

|  |
| --- |
| **OPERATIVE FINDINGS :** |
| Surgery:Composite Resection of Left Retromolar Trigone tumour including Right Infrastructure Maxillectomy and Right Posterior Segmental Mandibulectomy + Left Level (I - IV) Neck Dissection + Left PMMC under GA on 02.12.2013 Procedure: Patient under Nasotracheal intubation,in supine position, painted and draped. Right angle split of cheek (preserving the Left lip commissure) including the cheek skin incision given. Left cheek flap raised ,posterior segmental mandibulectomy perfomed after doing the wide excision of the tumour intraorally. Left infrastructure maxillectoym performed with midline incision over the palatal mucosa. The tumor with the maxillectomy and mandibulecotmy specimen with skin excised intot and sent for HPR. Submental fibrofatty tissue dissected and displaced inferiorly. Facial artery and vein ligated and cut. Submandibular duct divided and ligated. Submandibualr fibrofatty tissue along with the submandibular gland dissected out. SCM dissected on its medial border to expose the Spinal accessory nerve, internal jugular vein and the carotid artery. Dissection continued inferiorly till omohyoid cross over separating the specimen from the IJV, carotid sheath, vagus and hypoglossal while proceeding medially. Specimen completely separted from the IJV and delivered. Hemostasis confirmed. Drain placed in situ. Oral cavity Defect reconstructed with Left PMMC flap. The skin paddle harvested and transfered into the oral defect insetted. Ckeek Skin wound closed primarily in layers. Chest wound closed in layers with drain in situ. Procedure uneventful. |