



Tata Memorial Centre Tata Memorial Hospital

*Sally Bhattacharya
Remission Dept*

CASE NO.

CS/006663

SUSHMA KHANNA

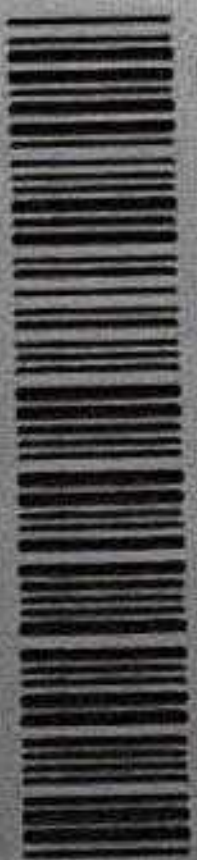
Reg. Dt. : 04/01/2019

F/63/B

ID. Mark : CUT BELOW THE RTKNEE

DMG : DMG - GYNEC ONCOLOGY

Email : dmg@tmc.gov.in



CS/006663

GYNCOLOGY
CANCER DISCHARGE SUMMARY

NAME: Mrs. Sushma, Khanna
MUM ID No.: SKDD.781864
AGE: 62 YEARS
SEX: FEMALE
DATE OF ADMISSION: 09.01.2019
IP No.: 334294
CONSULTANT: DR. HARI CHANDRAN
PATIENT ADDRESS: G-11, BALI NAGAR, NEW DELHI BALI NAGAR OTHERS, DELHI 11001-8
DATE OF DISCHARGE: 14.01.2019
Beds No: 2426
TEL. NO: 735125011

DIAGNOSIS: Malignant mixed müllerian tumor of endometrium
SURGERY PLANNED: Laparoscopic radical hysterectomy + bilateral PLO + infracolic omentectomy
INTENT OF SURGERY: Curative
SURGERY PERFORMED: Laparoscopic radical hysterectomy + bilateral PLO + infracolic omentectomy on 14.01.2019
TYPE OF RESECTION: R 0
TYPE OF RECOVERY: Uneventful

BRIEF HISTORY:

Mrs. Sushma Khanna is a pleasant 62 years old lady, hypertensive, non-diabetic, is a case of Malignant Mixed müllerian tumor of uterus. Now admitted for surgical management.

INVESTIGATIONS:

Vaginal Pathogens DNA panel (18.12.2018): G. Vaginalis positive.
PAP smear (18.12.2018): High grade squamous intraepithelial lesion.
TAS and TVS (20.12.2018): Uterus: 8.3 cm x 3.7 cm x 4.7 cm. Endometrium: 27 mm. Solid and cystic mass within the endometrium measuring 2.3 x 2.9 x 3.9 cm may represent a submucosal fibroid or endometrial mass, centered in the posterior uterine body. Bilateral adnexa normal.
Endometrial biopsy (26.12.2018): Mixed müllerian malignant tumor.
Cervical biopsy (26.12.2018): Reactive squamous metaplasia.
MRI of pelvis (05.01.2019): A well defined heterogenous endocavitary mass is seen in uterine endometrium. It measures 3.5 x 2.6 x 4.5 cm in its axial and CC dimensions. Junctional zone is maintained. No extension into the cervix. Few nabothian cysts are seen in the cervix. The mass appears hypointense on T1 -

Super Speciality Hospital, Saket (East Block)
of Devi Devi Foundation
Devi Foundation Registered under the Societies Registration Act XXV of 1860
Office: 2, Press Enclave Road, Saket, New Delhi - 110 017
T: +91-11-2651 5050. Fax: +91-11-2651 0010
www.sshs.ac.in



Self attested
Ranjiv Singh

ultrasound images and shows heterogeneous echotexture and vascularity on T2-weighted images with subtle areas of necrosis. Diffusion on DWI. T2-weighted cyst components are post contrast seen in early phase with persistent enhancement in later phases. No significant pelvic adenopathy is seen. No adenoma seen in seen.

PAST MEDICAL HISTORY:

- History of Hypertension
- No history of diabetes mellitus
- No history of Allergies

TREATMENT HISTORY:

She was optimized for surgery and Laparoscopic radical hysterectomy bilateral PNO + infracolic omentectomy on 10.01.2019

PROCEDURE:

- 10 mm supraumbilical and left lower port
- 5 mm ports at L2F and R2F

OPERATIVE FINDINGS:

- Pelvis-uterus enlarged, bilateral tubes and ovaries normal, no fluid in POD
- Abdomen-no peritoneal disease, omentum healthy, no ascites

PROCEDURE STEPS:

Under general anesthesia patient positioned lithotomy and catheterised. Pneumoperitoneum created via Palmer's point and above ports made. Above findings noted. Bilateral IP ligaments were dissected free from ureter and clipped and divided. Bilateral uterine artery was clipped and divided. Bilateral pelvic lymph node dissection done, from ureteric crossing over iliac vessels proximally, to crossing of circumflex iliac vein over external iliac artery distally, obturator nerve inferiorly, genitor-femoral nerve laterally. Hysterectomy completed after separating uterus anteriorly from urinary bladder and posteriorly from rectum. Specimen delivered through vagina. Infracolic omentectomy completed and specimen delivered through vagina. Hemostasis secured. Bio vac drain placed in pelvis. 10 mm port site closed with port closure sutures. Skin staples applied. ASD done. Histopathology sent.

HOSPITAL COURSE:

Patient was admitted with above mentioned complaints for surgical management. She underwent mixed mullerian tumor of uterus. Patient was managed with IV fluids, IV antibiotic, IV PPI, and with other supportive

er Speciality Hospital, Saket (East Block)
 Devki Devi Foundation
 Foundation Registered under the Societies Registration Act (XXI) of 1860
 2, Press Enclave Road, Saket, New Delhi - 110 017
 2651 5050, Fax: +91-11-2651 0050



*Self Attested
 Ranvijay Singh*

DATE

CLINICAL NOTES AND MANAGEMENT PLAN
(For Clinician's Use Only)

FOCUS NOTES
(For Nurse's Use Only)

9/1/10 78 yo M, Hospital oncology

67 year old male, asymptomatic

[since last 12/10]

PSL1

Contraception - None

No white discharge, 1/2 months

1/2 months spotting, menses and spotting.

Evaluated outside

ECC - Atypical glandular cells - consistent with mixed Mullerian neoplasia (MIAMT)

Endocervical biopsy - Reactive

NO atypia dysplasia or HPV related viral cytopathic effect

Pap smear - HPV test - Negative

USG (TVS) (20/20/10) uterus - 2.3 x 3.7 x 4.2 cm

Endometrium - 27 mm solid and cystic mass

in endometrium [2.7 x 2.9 x 2.9 cm] may represent submucosal fibroid or endometrial mass.

B/L ovary - Normal.

dx: ECOG - 1

NO SCLN and inguinal adenopathy

P/A - soft, NAD

P/V/S - Cervix - Bulky 14 weeks

White discharge +T
Ponices out pass - Normal

rectal mucosa - Normal

2011

Self checked
Ranjana

CLINICAL NOTES AND MANAGEMENT PLAN

Handwritten notes at the top of the page, possibly a name or date, written vertically.

Adv
- MRI pelvis
+ Hctan

Handwritten signature or initials.

05/11/15
ing buncopan 1ml inj/ix

2/1/15 6pm Case of ADULT (female) ↓ evaluation

- MRI pelvis: 3.5 x 4.5 cm endocentary mass
- Junctional zone maintained
- G not involved
- No pelvic LN's, No adnexal mass

Report of CT Abdomen/ Pelvis

C/D/W Dr. A. Mahendran

Tonect Di Gagen Praker
as per discussion

12/19
2
13/19

et simulan → pt rectum loaded with gas & NOb.

Exam vna diameter history
 Adv: *Soft diet x 3 days *Tab. Gancor x 3 days
 *Tab. crenulax 1 x 3 days

ber: +91 22 2417 7099
given at: feedback@tmc.gov.in

Self Attended:
Ranjith Singh

LABORATORY REPORT

NAME: SURESH K. SURESH
 AGE: 52 Years
 SEX: Male
 OCCUPATION: Doctor

TESTS: Hepatitis B Surface Antigen, Hepatitis C Antibodies (Anti HCV), HIV Antibodies

performed by Chemist

DATE: 04/01/15
 TIME: 04/01/15
 DATE: 07/01/15
 TIME: 07/01/15



Homi Bhabha Cancer Hospital, Varanasi
A Unit of Department of Atomic Energy (GOI)



PURUSHOTTAM SINGH

Reg. Dt. : 26/08/2019

M/84/C

ID. Mark : NIL

DMG : DMG - HEAD & NECK(A)

Email : dmgm@dmc.gov.in



KB/57212

Handwritten notes:
पु. भ. कैंसर
सर्व
मार्क



**TATA MEMORIAL CENTRE
HOMI BHABHA CANCER HOSPITAL, VARANASI**

Ghandi Mill Road, Lahartara, Old Loco Colony
Shivpurwa, Varanasi, Uttar Pradesh, 221002

DIAGNOSTIC SERVICES – DEPARTMENT OF PATHOLOGY

Case No. : KB/57212 Req No. : FZKSP19006439 Path No. : 004949/KB
Name: Mr. PURUSHOTTAM SINGH Gender/Age: M / 83 years
Category: C DMG: DMG - HEAD & NECK(A)

FINAL HISTOPATHOLOGY REPORT

29/08/2019

Nature of Material Received: 1 Biopsy

Gross Description:

Nature of material received:

Wide local excision of right buccal mucosa.

Gross Examination:

1. Wide local excision of right buccal mucosa: Received specimen as single mucosa covered soft tissue piece, measuring 2.9x1.4x0.5 cm. A tiny greyish white lesion is seen on the mucosal surface, measuring 0.3x0.3x0.1 cm.

The distance of various resection margins from the lesion:

Superior resection margin: 1.4 cm, inferior resection margin: 0.6 cm, posterior resection margin: 0.5 cm, anterior resection margin: 0.7 cm, base: 0.4 cm.

Representative sections were taken and parts were embedded.

Sections:

Wide local excision of right buccal mucosa [Path no. 4949 KB]

Section no.

1: Superior resection margin, 2: Posterior resection margin, 3: Anterior resection margin, 4: Lesion with inferior resection margin and base (posteriorly), 5: Lesion with inferior resection margin with base (anteriorly).

Grossed by: Dr. Isheta Ahuja

Microscopic Description:

Wide local excision of right buccal mucosa:

The section from the lesion shows stratified squamous epithelium with focal severe dysplasia.

Subepithelial zone dense lymphoplasmacytic infiltrate.

No evidence of malignancy seen.

All resection margins including base are free of dysplasia/malignancy.

Impression:

The report relates only to the sample submitted.

All samples/slides/blocks submitted for evaluation will be retained by the hospital for 10 years only.

This report has been electronically verified and authorized for release.

1 of 2

Self checked
Ranjana Singh



**TATA MEMORIAL CENTRE
HOMI BHABHA CANCER HOSPITAL, VARANASI**

Ghanti Mill Road, Lahartara, Old Loco Colony
Shivpurwa, Varanasi, Uttar Pradesh, 221002

DIAGNOSTIC SERVICES – DEPARTMENT OF PATHOLOGY

Case No. : KB/57212

Req No. : FZKSP19006439

Path No. : 004949/KB

Name: Mr. PURUSHOTTAM SINGH

Gender/Age: M / 83 years

Category: C

DMG: DMG - HEAD & NECK(A)

FINAL HISTOPATHOLOGY REPORT

29/08/2019

- Right buccal mucosa-Wide Local Excision :
- Compatible with Erythroplakia with severe dysplasia.

Dr. Richa Jaiswal
Resident Pathologist
Entered by Dr. Richa Jaiswal

Dr. Shashikant Patne
Consultant Pathologist

END OF REPORT

Requisition DateTime: 26-08-2019 / 18:55:21

Receiving DateTime: 27-08-2019 / 12:23:44

Provisional DateTime: 29-08-2019 / 18:30:13

Committing DateTime: 29-08-2019 / 18:30:13

*Self Attached
Ranjiv Singh*

The report relates only to the sample submitted.
All samples/slides/blocks submitted for evaluation will be retained by the hospital for 10 years only.
This report has been electronically verified and authorized for release.