

Outpatient History & Physical
11/25/2007

History:

Chief Complaint: Sore in lower lip

History of Present Illness: 2-3 months history of crusted non-healing lesion left lower lip; surrounding area of leukoplakia. Presents for excision.

Medications: Labetalol, Hyzaar, Lasix, Nitrostat, Lipitor, Glucophage, Glyburide, Nexium

Allergies: Norvasc leads to itching

PH: Cardiac evaluation

ROS: Congestive heart failure, hypertension, type II diabetes, GERD

Physical Examination:

General: WDWN, alert & oriented. PERRLA

Lip: 3-4mm crusted lesion, left lower vermilion border

No JVD. Neck is supple without adenopathy

Heart: No murmurs

Lungs: Clear to auscultation

Abdomen: Not palpated

GU: Deferred

Extremities: No clubbing, no edema

Neuromuscular: No pathologic reflexes

Diagnosis: R/O squamous cell cancer lower lip

Plan: Excision

SIGNED: ENT surgeon

Operative Report
11/25/2007

Preoperative Diagnosis: Non-healing lesion, left lower lip

Postoperative Diagnosis: Non-healing lesion, left lower lip

Operative Procedure: Excision of lesion, left lower lip

Indications: This is a 79-year-old gentleman with an ulcerated lesion of the left lower lip at the vermilion border. He has an area of leukoplakia on the mucosa adjacent to this non-healing area. He presents for excision of the area.

Procedure: The patient was brought to the operating room and placed on the table in the supine position. Appropriate monitoring devices were applied. The lower lip was prepped and draped. One percent Xylocaine with 1:100,000 epinephrine was infiltrated in the lower lip. A planned incision in a vertical fashion with a diamond shape was then outlined including the vermilion border of the lower lip extending on to the chin and then on to the mucosal surface of the lower lip. An incision was made with a 15 blade and carried down to the mucosa. The lesion was then excised including subcutaneous and submucosal tissue but no muscle tissue. Hemostasis was obtained with bipolar cautery.

The wound was closed in layers utilizing interrupted buried 4-0 chromic subcutaneously. The vermilion border was approximated with a single suture of 5-0 nylon and then the cutaneous portion of the incision was closed with interrupted sutures of 5-0 nylon. The mucosal portions of the incision were closed with interrupted 5-0 silk.

He tolerated the procedure satisfactorily. Blood loss was minimal. He was taken from the operating room to the recovery room and from there discharged to be followed in the office.

Pathology Report
11/25/2007

Clinical History: Rule out squamous cell carcinoma lower lip

Specimen:
Lesion of lower lip, including vermilion border

Gross Description:
The specimen consists of an ellipse of skin and subcutaneous tissue measuring 2 x 1 x 0.3 cm.
The specimen is serially cross sectioned and submitted in Cassette 1A.

Final Diagnosis:
Lesion of Lower Lip, Including Vermilion Border: Squamous cell carcinoma in situ arising in an actinic keratosis. See comment.

Comment: The lesion extends up to the inked margin of resection as judged by tissue sections.

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FINAL TUMOR STAGING REPORT - Completed by ENT surgeon

SITE: Lip and oral cavity.

T: IS

N: 0

M: 0

STAGE GROUP: 0