



24 August 2021

Name:

Pt Domun Neela

Age/Gender:

53 yrs/Female RT 40258

Folder No: Treating Dr: Dr V. Poorun, Oral & Maxillofacial Surgeon

#### MEDICAL REPORT

Abovenamed patient was referred from private with Histopathological report suggestive of "Aspects evocateur d'une Metastase Osteo-Medullaire par un carcinome invasive d'origine inconnu" dated 24/11/2020. CT Scan done in private dated 09/11/2020 revealed.

- Expansion of Right Maxillary Sinus, which is completely filled by a non-enhancing soft tissue
- . Bony destruction of inferior portion of lateral wall of Right Maxillary Sinus is seen, with partial destruction of alveolar Ridge (Right)
- Soft tissue opacification noted in region of Right osteo-meatal complex
- Partial opacification of Right ethmoidal air cells noted

#### At present:

- Patient presents with mild swelling face
- Lesion is intra sinus Right.
- She received chemotherapy
- She was advised a CT Scan plain and contrast

## CT dated 05/03/2021 revealed

- 2.7 cm x 2.1 x 2.3 cm lesion in Maxillary sinus
- Opacification of Maxillary Sinus Right with obliteration of Right OMC
- Destruction of inferior aspect of anterior wall of Maxillary sinus
- A few enlarged parajugular lymph nodes up to 12 x 10 mm

- $\bullet$  Right and left submandibular lymph node up to 6.5 x 5 mm
- Bilateral lymph node parajugular region 6 x 5 mm noted
- Lung apices are clear

TNM: T<sub>2</sub> N<sub>1</sub> M<sub>0</sub>

The patient was advised surgery - Hemi Maxillectomy with Right Neck dissection. Patient refused surgery

Dr . Poorun

Oral & Maxillo facial Surgeon ENT/Victoria hospital



# MEDICAL REPORT

Name: Mrs. Domun Neela

Age: 53 Sex: F

### Diagnosis: Maxillary Sinus Tumor

Mrs. Domun was diagnosed in Nov 2020 with a poorly differentiated Right Maxillary Sinus Invasive Carcinoma.

I saw her in Dec 2020 and a Tumor Board held on the 28.12.20 advised Chemotherapy followed by Surgery. She received 4 cycles Paclitaxel/Carboplatin and last cycle dated the 8.3.21.

Post-Chemo CT scan showed a 27x21x23mm (initially completely filling the sinus) enhancing lesion in the right with destruction of the inferior aspect of the anterior wall of right maxillary sinus. There are few enlarged bilateral upper parajugular lymph nodes upto 12x10mm, right and left submandibular lymph nodes upyo 6.5x5mmm and few bilateral mid-parajugular nodes upto 6x5mm.

She was referred to Maxillofacial Surgeon in May 2021 for definitive management. This report was issued at the patient's request.

Thank you.

Dr. V. KimCurran Clinical Oncologist

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