



INKOSI ALBERT LUTHULI CENTRAL HOSPITAL

800 Vusi Mzimela Rd, Cato Manor, 4091, Phone No. : 031 240 1000 Fax No. 031 240 1089

Practice No.: 0086371

Patient Number : KZ00361058	Visit Date and Time : 17-03-2016 08:36
Patient Name : CELESTE SERFONTEIN	Visit Number : V-AL-050092743
Age : 37 Years	Department : ONCOLOGY
Sex : Female	Signed By : SITHEMBILE NGIDI (DR)
Date of Birth : 16-09-1978	Date and Time : 17-03-2016 09:46

REFERRAL LETTER

Dear Colleagues
Bloemfontain
Radiotherapy department

Thank you for seeing this patient.

#SCC Tongue

Post WLE, & right functional neck dissection 16/02/2016

Ro resection with high risk features

Patient for adjuvant CCCRT however due to current resource problems the earliest RT date we can obtain in August 2016. Patient has made arrangements for adjuvant treatment in your unit. All histology is enclosed, operation notes - ENT & plastics & baseline investigations as well as initial clerking note have been enclosed. We are happy to follow her up post RT in our unit if she is agreeable. Patient can be booked back into unit.

On examination today :

Ps1

General exam

No recurrence

+ healing well

some inflammation around soft tissues

Base line Investigations:

Biopsy tongue lesion15:DH23049 (30/10/15): Moderately differentiated SCC with extensive PNI and LVI noted

Biopsy chin lesion: Benign intradermal naevus

CT CAP(15 Jan 2016): Difficult to visualize the lesion in the tongue. NO erosion of maxilla or mandible noted

Submandibuar and cervical lymphadenopathy.

Liver normal in size. Small hepatic cyst measuring less than 1cm, No ascites, no intraabdominal lymphadenopathy

Comment: No evidence of adjacent invasion or significant regional lymphadenopathy. no mets noted

CXR Oct 2015: Mild grad bronchitis, no mets

USG neck: Rt submandibular LN enlarged and reactive 25.4mm x 8.4mm

Left submandibular area LN enlarged and reactive 21.5x6.7mm

Investigations Surgical

RS 16-4796 - Right tonsil: Reactive lymphoid hyperplasia. No tumour

RS 16- 4785 - RND- 2/4 LN. perinodal extension. Excision of the perinodal spread is complete and closest tumour free margin 0,2mm

RS 16- 4705 - 16x14x12mm. infiltrating SCC. Tumour seen dissecting between skeletal muscle. + LVI + PNI. Free margins, closest margin medial 0.7mm.

OT notes; Ulcer noted right lateral tongue with spill onto FOM & right soft palate.

Regards



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Dr S Ngidi
FC Rad Onc (SA)
Dpt of Radiation Oncology

Entered Date 17/03/2016

Entered By SITHEMBILE NGIDI (DR)