

OPERATION RECORD

NAME	DATE	ROOM NUMBER	HOSP. NO.
Harry Snow	8/23/87	3rd.	702052

SURGEON	ASSISTANT
Dr. McNichol	

PRE-OPERATIVE DIAGNOSIS
Squamous cell carcinoma of the larynx.

POST-OPERATIVE DIAGNOSIS
Same.

OPERATION
Hemilaryngectomy.

OPERATIVE FINDINGS: The patient had a squamous cell carcinoma of the right vocal cord which extended almost to the interior commissure.

COMPLICATIONS: None.

PROCEDURE: The patient was brought to the operating room, prepped and draped in the usual manner. The patient was administered general anesthesia by an endotracheal tube. Once the appropriate anesthesia was attained, the procedure was begun by performing a tracheotomy. An incision was made over the trachea and was carried down to the skin and subcutaneous tissues and to the strap muscles separating them exposing the tracheal rings. The second tracheal ring was found and the space under that was opened up and counter incisions were made on the side. An endotracheal tube was then placed into the trachea and the tube was filled by Anesthesiology. At this point our attention was turned to the larynx, where a horizontal incision over the larynx was made. The incision was carried down through the subcutaneous tissues to the strap muscles over the cartilagenous portions of the larynx. At that point a knife was used to incise the larynx approximately 1/2 cm. on the contralateral side past the notch. This was carried down to the cricoid area and again a small piece of cricoid (rim was taken) and the incision was carried back toward the right side to encompass the whole cartilagenous framework of the larynx. The rim was left, however, on the posterior portion approximately 3 to 4 mm. Prior to this, the periosteum over the cartilagenous frame of the cartilage had been removed and pushed out of the surgical field, so as to be able to use it for our reconstruction. With the cartilage being open we were able to visualize within the larynx itself. A portion of the left cord at the anterior commissure was also taken to be included in the specimen to give us good margins. The on the infected side was also dissected back to and was removed submucosally. The specimen was able to be delivered with the carcinoma being very evident on the right vocal cord. The margins appeared to be good and the specimen was sent to pathology. The frozen section came back and was read as appearing free on all sides with good margins. The next portion of the reconstruction entailed bringing together the mucosa within the larynx and closing with the aid of some of the surrounding strap muscles. The epiglottis was brought down towards the posterior portion of the closure and the periosteum that had originally been used along with some strap muscles gave strength and structure to the closing. The mucosa in the larynx was very redundant and

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POST-OPERATIVE DIAGNOSIS

OPERATION

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some of the periform sinus on the side of the lesion was used to help close but was felt to be to much. A small amount of this was trimmed away. The closure was with interrupted chromic sutures and the periosteum was also brought together with the interrupted chromic. The patient had done well during the procedure and the wound was closed down in a two layer closure with the muscles being brought together and the subcutaneous tissue. The skin was closed with interrupted ethilon sutures. No drain was used in the closure. The patiend did well during the procedure with no cardiac or respiratory problems. The wound was dressed and he was returned to the wake-up room in satisfactory condition.

DANIEL McNICHOL, M.D./ljs

D&T: 9/14/87

DEPARTMENT OF RADIATION THERAPY
CONSULTATION

RADIATION ONCOLOGISTS
CYRIL J. POWEL-SMITH, M.D., DIRECTOR
DONALD R. WEISS, M.D.
CHARLES G. LEUTZINGER, M.D.

Name SNOW, Harry Age 62 6/20/21 Date 10/3/83

Consulting Physician Charles G. Leutzinger, M.D.

Referring Physician Dr. Fontana Dr. Chamberlin

CHIEF COMPLAINT: Hoarseness over the past three months.

The patient is a 62 year old white male with a history of smoking approximately one and a half to two packs of cigarettes per day since the age of sixteen who developed hoarseness in June, 1983. He noted no local discomfort, dysphagia or referred pain. Although the initial impression was that of chronic laryngitis since laryngeal examination was somewhat difficult and no overt masses were seen, he eventually (9/21/83) underwent micro-laryngoscopy and a small friable polypoid lesion was seen from the right vocal cord. Biopsy (S-2308-83) showed the presence of a moderately differentiated squamous cell carcinoma. Chest x-ray 9/19/83 showed changes consistent with chronic obstructive pulmonary disease but no metastatic lesions were visualized. The patient has been referred to us for consideration of external beam radiation therapy with curative intent.

PAST MEDICAL HISTORY: The patient's current medications include Lopressor, 50 mg. bid, Norpramin, 50 mg. daily, Centrax, 10 mg. bid, and Dalmane as needed. The patient states that he had a tumor removed from the lower abdomen at the age of four and was treated thereafter with radium. Bright's disease was diagnosed at the age of 13, and he has also had typhoid fever in 1944. I believe a superficial skin tumor was removed from the right side of the nose in 1980. He denies allergies to known medications.

PHYSICAL EXAMINATION: In general the patient was a somewhat anxious but well appearing gentleman speaking somewhat tangentially and with a rather husky voice. HEENT--EOM's intact, sclerae anicteric, conjunctivae clear. Neck--supple without adenopathy. Oral cavity--bilateral dentures were in place. No mucosal lesions were seen on inspection of the oral cavity or oropharynx. The supraglottic larynx was easy to identify but the epiglottis seemed to obscure vision of the glottis. At no time did I directly see the small tumor of the right vocal cord that has been diagnosed. Chest--clear to auscultation bilaterally with distant breath sounds throughout.

IMPRESSION: T1N0M0 moderately differentiated squamous cell carcinoma of the right vocal cord.

PATIENT: HARRY E. SNOW

9/26/83 - Phone to wife - back to work - told her it was really & would need Rad. See Wed & sched

9/28/83 Dr. Leutzinger 9/29

He's had no postop problems, pathology confirms malignancy of vocal cord.

IMP: CA of the vocal cord, hopefully this should respond well to radiation therapy. He to see Dr. Leutzinger next Monday. I'll see him in a month.

11/4/83 Dr. Leutzinger, Dr. Fontana

Doing well with radiation therapy. Had to be interrupted because of a death in the family but has started again now.

Exam: the throat is fine, The larynx again was difficult to see but the posterior half of the cords could be seen and has a little redness involving the right cord. Can't see any obvious sign of tumor but really couldn't see it before either so when he finishes the radiat: if there is any doubt may have to do another laryngoscopy just to be sure he is in good shape. Perhaps Dr. Leutzinger can see better than I could. Neck: neg.

Impression: undergoing radiation therapy for CA of the larynx. Return 6 weeks.

Jerry R. Chamberlin, M.D.
174 Kinsley St.
Nashua, N. H. 03060

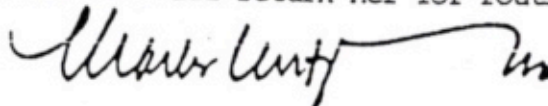
DEPARTMENT OF RADIATION THERAPY
TREATMENT SUMMARY

RADIATION ONCOLOGISTS
CYRIL J. POWELL-SMITH, M.D., DIRECTOR
DONALD R. WEISS, M.D.
CHARLES G. LEUTZINGER, M.D.

Name SNOW, Harry Age 62 6/20/21 Treatment Started 10/3/83
Address 3 E Hampshire Drive, Nashua, NH 03063 Treatment Ended 11/21/83
Physician Charles G. Leutzinger, M.D. Admission Date 11/21/83
Operation Date
Discharge Date
Initial Diagnosis T1N0M0 moderately differentiated squamous cell carcinoma of the right
vocal cord.
Final Diagnosis Same
Operation None
Complications None
Condition on Discharge The patient tolerated curative external beam therapy without apparent
problems.

TREATMENT SUMMARY

In June, 1983, Mr. Snow first noted hoarseness in the context of a smoking history that had involved 1½-2 packs of cigarettes per day since the age of 16. Although on initial examination no overt masses were seen, he underwent microlaryngoscopy in 9/83 and a small, friable, polypoid lesion was seen on the right vocal cord. A chest x-ray showed chronic obstructive pulmonary disease only and biopsy confirmed the presence of the above malignancy. The patient was referred to us for consideration of external beam therapy with curative intent and it should be mentioned that no adenopathy was noted prior to the initiation of therapy. Using a 4 MeV Linear Accelerator at 100 cm SSD bilateral opposed 5½ x 5½ cm laryngeal fields were treated with 200 rads mid plane dose per day such that a total dose of 6200 rads was delivered over 30 elapsed days. Throughout half of the therapy 50 degree wedges with the thick end positioned anteriorly were used in order to ensure good dose homogeneity. At the completion of treatment minimal redness in the right vocal cord was seen but no overt tumor could be identified. The patient seemed to tolerate this treatment quite well and will be returning to work 11/28/83. He will be seeing Dr. Chamberlin in mid-December and will return her for routine re-evaluation in 3 months time.



Charles G. Leutzinger, M.D.

CGL/rd

cc: Dr. Chamberlin, Dr. Fontana, St. Joseph Hospital,
Record room and file

SNOW, Harry ----- Page Two

PLAN: I have had a lengthy discussion with Mr. and Mrs. Snow about the potential benefits and risks of treatment in this setting. They seem to understand this well and are agreeable to proceeding with simulation and the initiation of therapy. Treatments have been begun today and I would anticipate that a final dose of approximately 6,000 to 6,200 rads would be completed on or about November 15, 1983.



Charles G. Leutzinger, M.D.

CGL:ds

cc: Dr. Chamberlin, Dr. Fontana, St. Joseph Hospital
Record room and file (4)