Translation from Bulgarian

HISTORY OF DISEASE

Patient: Georgi Valentinov Tolev was diagnosed:

“ SQUAMOUS CELL MODERATE TO LOW DIFFERENTIATED CARCINOMA OF THE LEFT BUCCAL MUCOSA”

FIRST SURGERY – April 2011

Electro-excision of tumor to the muscle and adipose depot of the cheek. Transplantation of dermatome from forearm on the defect. Right after intervention occurred a lymph node in the left submandibular area. Performed PET CT ON 27.05.2011 with conclusion – the described lymph node is metastatic.

SECOND SURGERY- 15.05.2011

MCPHEE lymph dissection of the neck in the left. Performed radiotherapy from **19.07.2011 till 26.08.2011** of left cheek and left cervical-supraclavicular area with **60Gy** on apparatus **Linear accelerator**. Since 24.08.2011 started swelling bellow the chick, which became increase. A new lymph node occurred above the left clavicle. The patient became nodular erythema of both shanks. On 29.09.2011 was obtained a biopsy from supraclavicular lymph node in the left with conclusion from histology: **“ Metastasis from moderately differentiated G2 squamous cell carcinoma**”. On 07.10.2011 Computer tomography with contrast where the finding is described.

Best regards
Dr.Radka Petrova – Toleva

UNIVERSITY MULTI-PROFILE HOSPITAL
FOR ACTIVE TREATMENT "SAINT ANNA" AD- SOFIA
1784 Sofia, No.1 Dimitar Mollov Str.

CLINIC IN MAXILLO-FACIAL SURGERY AND OTORHINOLARYNGOLOGY
Tel. 9759 027, 9759 134
Head: prof.R.Ugrinov, PhD M.D.

HISTORY OF MEDICAL CASE

1. **Name:** Georgi Valentinov Tolev
   Address: town of Sofia, residential area Belite brezi, bl.26, fl.2, app.7
   Personal ID No. 7808206664
   Ref.No. 12050 on clinical pathway No: 122
   Admitted on: 07/06/11 Department in MFS **Discharged on:** 14/06/11
   Blood group: B Rh(+) positive **Allergies to**: not reported
2. **Final diagnosis:** Meta Ca n.I.colli sin. St.post oper. pro Ca buccae sin.
3. **Accompanying diseases:**
4. **Anamnesis:** It is based on the information, provided by the patient and available medical documentation. He is admitted for the second time to the clinic for planned operative intervention due to suspect for metastatic submandibular lymph node in the left. He complaints of enlarged lymph node submandibular in the left, occurred about one month ago. Performed PET – scanner, which confirmed the clinical diagnosis.
5. **Objective status**: 32 years old gentleman. Afebrile, adequate, oriented for time, place and personality.
   Local extra-oral status: Presence of mild marked asymmetry as a result of swelling submandibular in the left. By palpation was found an enlarged, dense, mild painful, mobile, single, suspect for meta submandibularis in the left, with 2,5 sm in diameter.
   Local intra-oral status: Limited open of the mouth. Postoperative cicatrix from previous operation.
   Histological result: dated 10.06.2011 Carotid-5841;2- Chronic non-specific (hyperplastic- deqsuamative) lymphadenitis.
   5843-Submandibular- soft tissues and a small lymph node from Low-differentiated spinocellular carcinoma (described in clinical part as localization).
   In 45 Salivary gland – without blastoma elements.
   5846;7 soft tissues and lymph nodes – without blastoma elements (submental)
6. **Paraclinical tests:**
   CBC: ESR 15mm, Leucocytes 7,30, Erythrocytes 5,830, Hemoglobin 158, Thrombocytes 268, Hematocrit 0,493, Bl.sugar 4.45, Urea 5,60, Creatinine 96,40, Total protein 73,10, Na 142,00, K 4,39,
   Urine-normal;
   Clinical laboratory **No**: 1001924665 **Dated:** 07/06/11
   Bleeding time-330 ; Clotting time-150; Prothrombine time-89,5; INR-1.06; aPTT-24,8;
   Clinical laboratory **No**:1001924992 **Dated:** 08/06/11 Glucose-serum-7,6 ;
   PET/CT: Not scanned zones of pathological activity in cerebral structures. Single submandibular lymph node in the left in front of submandibular gland 20x25mm with high activity to UV 4,7. Not scanned zones of pathological fixation in lung,

mediastinum, axillae. Physiological fixation in liver, spleen, pancreas, adrenal glands. Not scanned zones of pathological fixation in abdomen and small pelvis. Not scanned zones of pathological fixation in bones within scanned levels.
Conclusion: Single metabolic active submandibular lymph node in the left, in type of malignant involving. Not scanned any metabolic active lesions, suspect for distant meta.

7. **Consultations:** cardiologist, anesthesiologist.
8. **Therapeutic schema:**
   Medications: Sodium chlorates -1000ml, HAES 6% 2x250 ml, KCL 15% 70mmol, Ceftrin 2x1.0gr, Axid 2 x 100mg, Perfalgan 3 x 1.0 gr, Oxytocin 2 x 10mg.
9. **Course of disease:** Postoperative period ran smoothly.
10. **Complications:** no
11. **Invasive diagnostic and therapeutic procedures:**
12. **Date of operative intervention with operative diagnosis**: **08.06.2011 D**: META REG SUBMANDIBULARIS SIN.
13. **Excerpt from operative protocol:**
    Anesthesia: General
    Operative protocol No.240/8 from 08.06.2011
    Finding: META REG. SUBMANDIBULARIS SIN.
    Performed intervention: Under general anesthesia, after disinfection of operative trace was done a skin MacPhee incision in the left of the neck. Layer by layer were dissected the submandibular, submental and deep cervical lymph nodes. The interna jugularis vena was interrupted. M.sternocleidomastoideus was preserved. Haemostasis. Redon drainage. Layer by layer suture. Dry sterile bandage.
14. **Postoperative status and course of disease: The postoperative period ran smoothly.**
15. **Status upon discharge: Discharged in fair general status.**
16. **Outcome : With improvement.**
17. **Recommendations for HDR after discharge and prescribed meds therapy: Advised for HDR.**

At common oncology committee was decided for postoperative radiotherapy.

18. **Control check-ups: Control check-up in 7 and 14 days. May undergo two control check-ups within one month.**
19. **Recommendations to GP:**
20. **Submitted documents: 1. Patient's chart. 2. THE HISTORY HAS BEEN ISSUED IN 3 COPIES: 2 FOR THE PATIENT AND 1 FOR HOSPITAL.**
21. **PHYSICIAN IN CHARGE DR.VELICHKOV** **HEAD OF CLINIC:**
    / Dr.Velichkov, Dr.Stoyanov/ **/ Prof.R.Ugrinov, PhD M.D./**
    Signed **Signed**
    Rectangular seal Rectangular seal
22. ***I received 2 copies of history.***
    I was informed, that I have to submit one copy to my general practitioner.
    Patient: signature

SPECIALIZED HOSPITAL FOR ACTIVE TREATMENT
IN ONCOLOGY-EAD
1756 Sofia, No.6 Plovdivsko pole Str.
SBAL in Oncology EAD-Sofia *tel: 807 61 00, Fax 872 06 51, http://www.onco-bg.com*

CLINIC IN RADIOTHERAPY

HISTORY OF MEDICAL CASE

CODE:8157 **REF N**: 7178 **CHECK-IN:** 19.07.11 **CHECK-OUT**: 26.08.11 with improvement
NAME: Georgi Valentinov Tolev, 32 years **GENDER**: male **Personal ID No**: 7808206664
DISPANSARY: Sofia **ADDRESS**: town of Sofia – r.c. Gotse Delchev, bl.29
CLINICAL DIAGNOSIS: Carcinoma mucose bucce sin. Status post operationem. Meta lymphonoduli colli sin. Status post dissectio lymphonoduli colli sin. Status post radiotherapiam postoperativa.
pT 2 pN 1 M 0 grade G 2 -3 ICD: C 06.0
HISTOLOGICAL DIAGNOSIS: Spinocellular carcinoma
ACCOMPANYING DISEASES AND PAST HISTORY: not reported.
FAMILY HISTORY: not reported.
ANAMNESIS: The disease occurred at the begin of 2011, within occurrence of unhealed wound of the mucosa of the left cheek. Obtained biopsy with histological indications for squamous cell carcinoma. On 12.04.11 in UMBA« Saint Anna» was performed an electro-incision of tumor formation with sizes 1,5 sm. In May 2011 due to enlarged lymph nodes in left submandibular are was performed PET/CT with indications for metastatic lymph nodes in the left submandibular. On 08.06.11 was performed left-sided cervical dissection. He is admitted for the first time to the clinic for postoperative radiotherapy on apparatus Primus.
GENERAL STATUS: In preserved general condition. Skin and visible mucosa – pale pink. Clear vesicular breathing, no added wheezes. Rhythmic heart rate 72 b/min., RR 130/80. Abdomen- soft, painless. Liver and spleen – no rem. Succ. renalis- neg. bilateral. Extremities – no rem.
LOCAL STATUS: Calm operative cicatrices of the mucosa of left cheek and in left cervical area.
STUDIES: leuc.6,5, erythr. 5,20, lymph.1,8, thromb. 265, Hb 152
THERAPEUTIC SCHEMA (DECISION AT CLINICAL CONFERENCE):
The patient may undergo postoperative radiotherapy.
PERFORMED PLANNED RADIOTHERAPY: computer-tomography / volume 3D.
PERFORMED RADIOTHERAPY:

FROM	TILL	AREA	RHYTHM	TYPE	DFD/Gy	TFD/ GY
19.07.11	26.08.11	Left cheek; left cervical-supraclavicular area	5 times weekly	Photons 6 MV	2	58

REACTIONS TO RADIATION: Moderately marked radiobiological reaction – an erythema of the skin in area of radiation.
STATUS UPON DISCHARGE: The treatment ran without problems for the patient, no interruptions.
OUTCOME OF DISEASE: Stationing.
RECOMMENDATIONS: Discharged. Directed for SBALOZ Sofia for dispensarization, dynamic observation and consultation with chemotherapist regarding opinion for further therapeutic procedures. For control check-up by maxillo-facial surgeon in 20 days.
CONTROL CHECK-UP: two control check-ups by radiotherapist in SBALO at working time from 8ºº till 14ººh within 30 days after de-hospitalization.

PHYSICIAN IN CHARGE: **DIRECTOR OF RADIOTHERAPY CLINIC:**
/ Dr. D.Georgiev/ signed / Assos.prof. Dr.V. Parvanova, d.m./ signed
/ Dr.I.Mihaylova/
Round seal of hospital

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SBAL in Oncology EAD-Sofia *tel: 807 61 00, Fax 872 06 51, http://www.onco-bg.com*

Department in ENT diseases

HISTORY OF MEDICAL CASE

Patient name: Georgi Valentinov Tolev years 33 , Personal ID No. 7808206664
Ref.No. 10402
Admitted on: 28/09/11 Discharged on: 05/10/11
Place of residence : town of Sofia
Address: Residential complex G.Delchev bl.29, entrance a, floor 8, app.24

FINAL DIAGNOSIS: META COLLI LATERALIS SINISTRA. CARCINOMA MUCOCE BUCCAL SINISTRA. ST.POST OPERATIONEM.META COLLI SINISTRA.ST.POST DISSECTIO RADICALIS SINISTRA. ST. POST RADIOTHERAPIAM POSTOPERATIVA. Accompanying diseases: no

Anamnesis: It is based on the information, provided by the patient. He is admitted for the first time to the clinic. Due to tumor formation of the left buccal mucosa with obtained biopsy, after histological verification in April 2011 was performed an electroexcisio tumoris in UMBAL"St.Anna"-Sofia. In May 2011 due to enlarged lymph nodes was performed PET/CT – indications for metastatis lymph nodes. In June 2011 was performed a radical cervical dissection in the left. For the period from 19.07.2011 till 26.08.2011 he was applied a radiotherapy. Realized – TDF- 58 Gy. Since 1 month – a swelling submental, which became ulcer and leakage of lymph-similar fluid, painless. In the left, in 5th cervical segment towards the edge of m. trapecius are palpated single moderately mobile lymph nodes. He is admitted for operative treatment- extirpation of lymph node for histological verification.

General status: 32 years old gentleman; fair general status. Oriented for time and place, afebrile, cooperating.
Local status: Pharyngoscopy – mouth- in the area of left cheek – changed mucosa- thickened and hyperemic, without indications for persistence of primary tumor. Submental- a swelling, where leaks a lymph-similar fluid, painless. In the left , in 5th cervical segment towards the edge of m. trapecius are palpated single moderately mobile l. nodes.
Therapeutic schema: Biopsy and histological verification.
Course of disease: Dispensarization.
Preliminary tests:
Laboratory tests:
Leucocytes (Leu)-7.1; Lymphocytes (Lym)%-12.8; MID%-8.5; Granulocytes (Gran)#-5.6; Granulocytes (Gran)%-78.7; Erythrocytes (Er)-5.22; Hemoglobin (Hb)-147.0; Hematocrit (Ht)- 0.433; MCV-82.9; MCH-28.2; MCHC-339.0; RDW-15.2; Thrombocytes (Tr)-233.0; MPV-8.3; RDW-SD-; Lymphocytes #-0.9; MID#-0.6; Prothrombine time %- 86.7; Prothrombine time –Sec-12.0; Prothrombine time-INR-1.01; APTT-Sec-22.5; Glucose-serum-4.52 ; Creatinine- serum-84.0; Total protein-serum-81.0; ASAT-23.1; Albumin-serum-50.2; ALAT—27.7Q; Bilirubin total-14.3T; Bilirubin-direct-T; Na-150.3; K-5.15; Ca-ionized -1.281;
Imaging diagnostic:
EKG- no rem.
Consultations: cardiologist, anesthesiologist, others:

Operation: No. 419/28.09.2011 Extirpatio l.n.regio colli sinistra. Under local anesthesia.
Operative finding: single moderately mobile l.nodes in the left of the neck.
Histological result: No. 11/26237/ 28.09.2011 Lymph node with metastasis from moderately differentiated G-2 squamous cell carcinoma with infiltration of capsule with perineural infiltration. Moderately increased number of mitoses.
Postoperative period: Without any complications.
Discussion: Decision at clinical conference – directed for PCT.
Outcome of disease: Discharged without change.
Control check-up: two free within one month from discharge.
Patient's chart:

Physician in charge: signed
(Dr.Gerov)

Head of ENT H: signed
(Dr.Kiril Popov, PhD M.D.)

MILITARY MEDICAL ACADEMY
1606 Sofia, Georgy Soffisky Blvd.
Department in Imaging Diagnostic
Clinic in Computer Tomography (CT) and Magnetic-resonance Tomography (MRT)
Tel. 922-60-20

CT – EXAMINATION:

Patient's name: **Georgi Tolev** *Age:* **33**
CT No. **2575** *Date* **07-10-2011**
CT-study of: **head, neck, upper mediastinum**
Technique of study: **native and with c.m.i.v.**

CT-finding:
Submental / level IA/ was found an elliptic formation with relatively smooth and sharp outlines and axial sizes : 49 x 55mm. It density is fluid-equivalent. After venous contrasting was reported an intensively increase of the density on its periphery. Nodules with similar densitometric and morphological characteristic were found on level IB in the right / diameters respectively 12 and 13mm/, level III in the right / d=18mm/, level IIA in the left /d=18mm/ and IIB in the left /d=10mm/.

Not found any pathological changes caudal from cricoid cartilage.

Normal image of cerebral structures.

Conclusion:
Probably the case refers a necrotizing / metastatic changed ?/ lymph nodes in described localization.

Provided by: **Dr. Ivo Nikolov** signed

***Keep the films saved!**

The signed bellow, Stanka Shopova, do hereby certify, that this is a true and complete translation, that I have made from Bulgarian into English of the attached documents – history of disease, histories of medical case, CT-examination.
The translation consists of seven (7) pages.

Translator: Stanka Shopova Personal ID No: 7303066113