MARVIX AI

SAMPLE ORAL BIOPSY PROCEDURE SOAP NOTE

FLOOR-OF-MOUTH ERYTHROLEUKOPLAKIA — INCISIONAL BIOPSY ON ANTICOAGULATION

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1 PATIENT INFORMATION

1 PATIENT DETAILS

NAME
Gerald A. Whitmore

DATE OF SERVICE
07/07/2026

DOB
01/15/1955

PROVIDER
Dr. Nathaniel Park, DDS, MD — Oral Medicine

AGE / SEX
70 / Male

CREDENTIALS
DDS, MD, Diplomate ABOM

MRN / PATIENT ID
OM-73418f

VISIT TYPE
Oral Biopsy Procedure (scheduled)

REFERRAL SOURCE
Referred by Dr. T. Osei (dentist) for a mixed red-and-white floor-of-mouth patch found on routine exam; oral cancer concern in a long-term smoker.

DENTAL / PRIMARY CARE PROVIDER
Dentist: Dr. Tolu Osei, DDS · PCP/Cardiology: Dr. R. Baird, MD (AFib, anticoagulation)

CC CHIEF COMPLAINT

2 PRIMARY CONCERN & REASON FOR BIOPSY

> *'My dentist found a red-and-white spot under my tongue. It doesn't hurt, but he said it needs to be tested because I've smoked for years.'*

Reason for biopsy: A **painless, persistent floor-of-mouth erythroleukoplakia** (mixed red-and-white lesion) in a heavy long-term smoker — a **high-risk premalignant/malignant presentation** that mandates tissue diagnosis. Erythroplakic components carry the highest dysplasia/malignancy rate of oral mucosal lesions, so incisional biopsy is indicated today. Procedure planning is complicated by the patient's **anticoagulation (apixaban) for atrial fibrillation.**

S SUBJECTIVE

3 LESION / FINDING HISTORY

3a REASON FOR BIOPSY, ONSET & LOCATION

- **Reason for biopsy:** Suspicious, persistent mixed lesion — malignancy/dysplasia concern; not resolving; high-risk site + risk factors.
- **Onset / course:** Unknown exact onset; noticed by the dentist ~6 weeks ago and confirmed persistent at a repeat look 2 weeks ago. Patient was unaware of it (painless). No reported change he can perceive.

- **Location / laterality:** Anterior floor of mouth, left of midline, extending toward the left Wharton's duct region; ~1.5 cm mixed red/white patch.

3b SYMPTOMS, FUNCTION & RISK FACTORS

- **Associated symptoms:** Essentially asymptomatic — no pain, bleeding, numbness, or dysphagia; occasional mild 'rough' sensation. **Painlessness does not reassure** in an erythroplakic lesion.
- **Functional impact:** None currently; eats and speaks normally.
- **Risk factors (high): 50+ pack-year smoker** (still smoking ~half a pack/day), **regular alcohol** (est. 10–14 drinks/week), age 70, male. No betel nut. No prior oral dysplasia or oral cancer, but never previously screened/biopsied.

3c RELEVANT HISTORY, MEDICATIONS & BLEEDING RISK

- **Dental / oral history:** Partial dentition, moderate periodontitis; no appliance/trauma at the lesion site; no prior oral biopsy.
- **Medical history relevant to biopsy: Atrial fibrillation on apixaban**, hypertension, CAD with a drug-eluting stent (2022, dual therapy completed — now apixaban alone), and type 2 diabetes. No known bleeding disorder or liver disease.
- **Medication / allergy review: Apixaban 5 mg BID** (anticoagulant — key bleeding-risk driver), metoprolol, lisinopril, atorvastatin, metformin. **No antiplatelet currently.** NKDA.
- **Anticoagulation plan:** Discussed with cardiology (Dr. Baird). For a small, compressible intraoral biopsy with achievable local hemostasis, **apixaban was NOT interrupted** (bridging/holding raises thromboembolic risk and is unnecessary for minor oral surgery); local hemostatic measures planned instead. Last apixaban dose: this morning ~7:30 AM.
- **Prior evaluation:** Clinical photographs by referring dentist; no prior imaging or pathology.

3d PERTINENT NEGATIVES

No fever or active oral infection; no uncontrolled bleeding history; no airway symptoms; no rapidly progressive swelling, facial weakness/numbness, weight loss, neck mass, dysphagia, or odynophagia. Fit to proceed with local anesthesia today.

ROS ORAL BIOPSY REVIEW OF SYSTEMS

4 PERTINENT POSITIVES & NEGATIVES

- **Oral lesion / plaque / discoloration:** POSITIVE — 1.5 cm floor-of-mouth erythroleukoplakia
- **Oral pain / bleeding / tenderness:** NEGATIVE — asymptomatic lesion
- **Numbness / altered taste / sensory change:** NEGATIVE
- **Dysphagia / odynophagia / trismus:** NEGATIVE
- **Neck mass / lymphadenopathy:** NEGATIVE — no palpable nodes
- **Fever / weight loss / night sweats:** NEGATIVE
- **Bleeding tendency / anticoagulant use:** POSITIVE — apixaban (not held); no bleeding disorder
- **Exposures:** 50+ pack-year current smoker; regular alcohol; no betel nut

O OBJECTIVE

5 PRE-PROCEDURE FINDINGS

V VITALS

TEMPERATURE
36.7°C — afebrile

BLOOD PRESSURE
138/82 mmHg

HEART RATE
74 bpm, irregular (AFib, rate-controlled)

PAIN SCORE
0/10 (asymptomatic lesion)

5a EXAMINATION

- **General:** Well-appearing, cooperative, tolerates oral exam well; no distress.
- **Extraoral:** Facial symmetry normal; no swelling or skin lesions; salivary glands non-tender; **no cervical lymphadenopathy**; jaw ROM full; cranial nerves intact.
- **Intraoral:** Anterior **floor of mouth, left of midline: a ~1.5 cm well-demarcated mixed red-and-white (speckled) patch** with a velvety erythematous component and adjacent white keratotic areas; non-indurated on palpation, not fixed, minimally elevated. Left Wharton's duct orifice adjacent but patent with clear saliva. Remainder of tongue, buccal mucosa, palate, and oropharynx without additional lesions. Moderate periodontitis; no local trauma source.

LD LESION DESCRIPTION

6 PRECISE LESION CHARACTERIZATION

EXACT LOCATION / LATERALITY
Anterior floor of mouth, left of midline, medial to the left sublingual caruncle; abuts left Wharton's duct region.

SIZE
~15 mm × 10 mm.

SHAPE / BORDER
Irregular, fairly well-demarcated map-like border.

COLOR / SURFACE
Mixed (speckled) — velvety erythematous zones interspersed with white keratotic plaque (erythroleukoplakia).

LESION FEATURES
Erythroplakia + leukoplakia (mixed). No frank ulceration or mass. Highest-risk clinical category for dysplasia/carcinoma.

INDURATION / FIXATION / BLEEDING
Non-indurated, non-fixed, non-friable; no spontaneous bleeding; no drainage or necrosis.

SURROUNDING / RELATIONSHIP
No surrounding trauma source; adjacent to but not obstructing the duct. Clinical photographs obtained pre-biopsy.

PA PRE-PROCEDURE ASSESSMENT

7 PROCEDURE READINESS & RISK REVIEW

- ☑ Indication confirmed — high-risk erythroleukoplakia
- ☑ Site & laterality confirmed (anterior FOM, left)
- ☑ Allergy review — NKDA
- ☑ Anticoagulant status reviewed — apixaban NOT held (cardiology concurrence)
- ☑ Infection risk reviewed — no active infection
- ☑ Specimen handling — formalin; requisition prepared
- ☑ Biopsy type selected — incisional (representative)
- ☑ Written informed consent obtained
- ☑ Medication review completed
- ☑ Bleeding risk reviewed — local hemostasis planned
- ☑ Local anesthesia plan — lidocaine w/ epinephrine
- ☑ Patient questions addressed

PR PROCEDURE PERFORMED

8 ORAL BIOPSY PROCEDURE DETAIL

- **Procedure & indication:** Incisional biopsy of the anterior floor-of-mouth erythroleukoplakia for diagnostic evaluation of a high-risk premalignant/malignant lesion.
- **Consent:** Risks (bleeding — heightened by anticoagulation, pain, swelling, infection, sublingual/duct injury, need for further surgery), benefits, and alternatives discussed and signed.
- **Anesthesia:** Local infiltration 2% lidocaine with 1:100,000 epinephrine, 1.8 mL, at the lesion periphery (epinephrine aids hemostasis); anesthesia confirmed.
- **Preparation:** Chlorhexidine antiseptic rinse; tongue retracted; the **sublingual duct/caruncle identified and protected.**
- **Technique:** Incisional biopsy from the **most erythematous (highest-risk) zone** at the lesion margin including a rim of adjacent tissue; ~6 mm elliptical incision, depth ~3–4 mm into submucosa, avoiding the duct. Specimen oriented and not crushed.
- **Hemostasis (emphasis given anticoagulation):** Direct pressure; **oxidized cellulose (Surgicel)** placed in the bed; primary closure with 2 interrupted 4-0 chromic gut sutures; **tranexamic acid 5% soaked gauze** pressure ×10 min; hemostasis confirmed before discharge.
- **Estimated blood loss:** <5 mL. **Complications:** none. **Patient tolerance:** excellent. **Disposition:** stable; observed 20 min post-procedure with no re-bleeding.

SP SPECIMEN / PATHOLOGY SUBMISSION

9 SPECIMEN HANDLING & ORDERS

SPECIMEN LABEL
FOM-L-1 (Whitmore, G.) — anterior floor of mouth, left

SPECIMEN SITE / LATERALITY
Anterior floor of mouth, left of midline

SPECIMEN SIZE
~6 × 4 × 3 mm, single specimen, oriented (suture tag at anterior margin)

MEDIUM
10% neutral buffered formalin

PATHOLOGY REQUESTED

DIF / CULTURE

H&E with dysplasia grading; comment on invasion; p16 if indicated.	Not indicated (not a vesiculobullous or infectious presentation).

CLINICAL DIFFERENTIAL TO PATHOLOGY

Erythroleukoplakia — r/o epithelial dysplasia (mild/moderate/severe) vs carcinoma in situ vs invasive SCC; heavy smoker.

PATHOLOGY TRACKING NUMBER

PATH-2026-07-0442 (call-back requested for the preliminary read)

PI POST-PROCEDURE INSTRUCTIONS

10 INSTRUCTIONS PROVIDED

- **Bleeding:** Firm gauze pressure 30–45 min if oozing; avoid spitting/straws/hot liquids ×24 h; **anticoagulation not held — extra caution**; provided tranexamic acid rinse for home use and clear re-bleed instructions.
- **Pain / diet / hygiene:** Acetaminophen (avoid NSAIDs given bleeding + cardiac/renal); soft, cool diet 24–48 h; gentle brushing away from the site; warm saline rinses after 24 h.
- **Avoid:** smoking (also reinforce cessation), alcohol, and spicy/sharp foods until healed.
- **Warning signs:** uncontrolled bleeding, spreading swelling, floor-of-mouth swelling/tongue elevation, difficulty breathing/swallowing, fever, or purulent drainage → urgent contact / ED.
- **Results:** pathology call within 5–7 days; follow-up scheduled.

MO MEDICATIONS / ORDERS

11 MEDICATIONS & ORDERS

- **Analgesia:** Acetaminophen 650 mg q6h PRN.
- **Hemostatic:** Tranexamic acid 5% oral rinse — 5 mL swish 2 min, spit, QID ×2 days PRN oozing.
- **Antimicrobial:** None routinely; chlorhexidine 0.12% rinse BID (start after 24 h).
- **Orders:** Pathology (as above); tobacco-cessation referral placed; continue apixaban per cardiology.

DR DIAGNOSTIC RESULTS REVIEWED

12 PRE-EXISTING / SAME-DAY RESULTS

- **Clinical photographs:** Referring dentist's images + today's pre-biopsy photos on file.
- **Labs:** Recent INR not applicable (DOAC); CBC/renal function reviewed — platelets normal, CrCl adequate for apixaban dosing.
- **Imaging:** None to date; CT neck deferred pending pathology (ordered promptly if dysplasia is high-grade or invasion suspected).

- **Records:** Cardiology note documenting agreement to continue apixaban for minor oral biopsy.

A ASSESSMENT

13 BIOPSY CLINICAL INTERPRETATION

Anterior floor-of-mouth erythroleukoplakia — high-risk potentially malignant disorder, biopsied today; awaiting pathology. Confidence in high-risk status: HIGH.

1. Mixed (speckled) erythroleukoplakia in a heavy smoker at a high-risk site — substantial probability of **moderate–severe dysplasia, carcinoma in situ, or early invasive SCC.**
2. **Differential:** epithelial dysplasia (any grade) vs carcinoma in situ vs invasive SCC vs (less likely) lichenoid/frictional keratosis — pathology decisive.
3. **Procedural risk:** bleeding risk elevated by apixaban, **managed with local hemostatic measures without interrupting anticoagulation** (thromboembolic risk from holding outweighs minor-biopsy bleeding risk); hemostasis achieved.
4. Management (surveillance vs excision vs oncology referral) will be **driven by dysplasia grade / invasion** on pathology.

P PLAN

14 POST-BIOPSY MANAGEMENT

1. **Pathology:** Await result (5–7 days) with call-back; communicate result and plan promptly.
2. **If high-grade dysplasia / CIS / invasion:** expedite **CT neck with contrast** and **Head & Neck / oral-maxillofacial surgery referral** for definitive excision; discuss margins and staging.
3. **If low-grade dysplasia:** plan complete excision vs close surveillance with serial photography, plus aggressive risk-factor reduction.
4. **Wound care & hemostasis:** as instructed; tranexamic acid rinse PRN; continue apixaban.
5. **Risk reduction:** strong tobacco-cessation intervention (referral placed; pharmacotherapy offered) and alcohol-reduction counseling — central to prognosis and field-change risk.
6. **Coordination:** results shared with referring dentist and cardiology; PCP updated for diabetes optimization (healing).
7. **Education:** explained the high-risk nature, importance of results, oral-cancer warning signs, and urgent return precautions.

F FOLLOW-UP

15 REASSESSMENT PLAN

- **Pathology call:** 5–7 days (target 07/12–07/14/2026).

- **Suture / wound check & results visit:** 07/17/2026 (~10 days) — chromic sutures typically dissolve; confirm healing, review pathology, and finalize the excision/surveillance pathway.
- **Escalation:** same-week H&N referral if pathology shows CIS/invasion; urgent return for any bleeding or airway concern.

TIME DOCUMENTATION & BILLING

TOTAL TIME
55 minutes

PROCEDURE TIME
25 minutes

COUNSELING / COORDINATION TIME
15 minutes (anticoagulation coordination with cardiology, tobacco/alcohol counseling, results-pathway and warning-sign education)

E/M LEVEL (SEPARATELY BILLABLE)
99204-25 — New patient E/M, moderate-high complexity (significant, separate E/M)

PROCEDURE CODE(S)
D7286 / 41108 — Biopsy of oral soft tissue (incisional)

BASIS FOR BILLING
Procedure-based + separately identifiable E/M (modifier 25); MDM High — anticoagulation management, high-risk lesion, referral coordination

PRIMARY ICD-10
K13.29 — Other leukoplakia/erythroplakia of oral epithelium (erythroleukoplakia)

SECONDARY ICD-10
R59.0 / Z85.- n/a · Z79.01 Long-term anticoagulant use · I48.91 Atrial fibrillation · F17.210 Nicotine dependence, cigarettes · E11.9 T2DM

PROVIDER SIGN-OFF

ORAL MEDICINE SPECIALIST	CREDENTIALS	SPECIALTY	DATE	TIME
Nathaniel Park, DDS, MD	DDS, MD, Diplomate ABOM	Oral Medicine	07/07/2026	9:50 AM