**Radiology Report**

**Created Date:** 02/12/2015

**Study Done:**

**CT CHEST - CONTRAST**

Normal mediastinal vascular structures.

The hila are normal.

The tracheobronchial tree is normal.

Normal lung parenchyma.

No pleural pathology.

Few small axial lymphnodes.

**Impression:**

• **No lung lesions or significant mediastinal nodes.**

**Radiology Report**

**Created Date:** 02/12/2015

**Study Done:**

**MRI BRAIN (TONGUE) - CONTRAST**

A well defined heterogenously enhancing ulceroproliferative lesion noted involving the right lateral border and

dorsum of posterior third of oral tongue measuring 34x14x25.6 mm(AP x Tr x CC), volume - 8.2 cc.

The lesion involves the right sublingual space, styloglossus , hyoglossus and the intrinsic muscles.

No evidence of spread across the midline.

Few enhancing prominent nodes noted in level Ia, bilateral level Ib and right level III - largest in right level III

measures 16x9 mm - suggeste USG correlation.

The lesion shows an ADC of 0.000792 and normal site that of 0.00120.

**Impression:**

• **Well defined heterogenously enhancing ulceroproliferative lesion involving the right side of**

**oral tongue - needs histopathological correlation.**

• **Few prominent enhancing nodes as described - suggest USG Correlation.**

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 03/12/2015

**Received on :** 03/12/2015

**Reported Date :** 03/12/2015

**Clinical Impression :**

?carcinoma right lateral border of tongue

**Gross Description :**

Received in formalin is a specimen consists of multiple grey white tissue bits in aggregate measuring

1x0.7x0.5cm. Entire specimen submitted in one cassette.

**Microscopic Description :**

Sections show mucosa with an infiltrating Moderately differentiated Squamous cell carcinoma. The tumor is

seen in nests, sheets, cords and scattered singly. The tumor cells have moderate nuclear pleomorphism and

moderate amount of eosinophilic cytoplasm. Brisk mitoses, stromal desmoplasia, skeletal muscle invasion,

perienural invasion and secondary chronic inflammation are present.

**Diagnosis :**

Biopsy, right lateral border of tongue - Moderately differentiated Squamous cell carcinoma.

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 28/12/2015

**Received on :** 28/12/2015

**Reported Date :** 09/01/2016

**Clinical Impression :**

Ca. tongue

**Gross Description :**

Received fresh is a specimen labelled " WLE right lateral border of tongue oriented with suture double stitch

anterior", consists of single stitch superomedial consists of right lateral border of tongue measuring 6.5x4.5x3cm.

External surface shows an ulcerative lesionmeasuring 4.3x2.5x2cm. Base is inked. The tumor is 1cm from

posterior margin, tumour thickness 2cm, 0.5cm from deep margin, 1.2cm from superiomedial, 1mc from

infer0medial, 1.3cm from anterior margin. A small skip lesion is noted measuring 0.5cm in greatest dimension

located 1cm from posterior margin, 1cm from superior medial, 2cm from inferomedial, 2.5cm from deep margin,

5cm from anterior margin.

Frozen reas as - For gross margin assessment- margins well away.

The remaining specimen transferred into formalin and representative sections are submitted as follows:

A1 - Anterior mucosal and soft tissue margin

A2 - Posterior mucosal and soft tissue margin

A3 - Superomedial margin

A4 - Inferomedial margin

A5 - Lesion with deep margin (radial)

A6 to A10 - Lesion proper

A11 - Superomedial margin of skip lesion

A12 - Inferomedial margin of skip lesion

A13 - Deep margin of skip lesion

A14 - Skip lesion

Subsequently received in formalin are 8 specimens.

Specimen II labelled "Additional posterior mucosal margin", consists of tiny tissue bit measuring 0.3x0.1x0.1cm.

Entire specimen submitted in cassette B.

Specimen III labelled "Additional deep soft tissue margin", consists of 2 soft tissue bit measuring 1x0.6x0.2cm.

Other measuring 1.5x1x0.2cm. Entire specimen submitted in cassette C.

Specimen IV labelled " Level I A", consists of 3 fibrofatty tissue measuring 2x2x1cm. Serial sections 2 lymph

nodes identified, each measuring 0.7cm in dimension. Representative sections are submitted in cassettes D1 &

D2.

Specimen V labelled "Right level Ib", consists of fibrofatty tissue measuring 2.5x2.5x1cm. Salivary gland

measuring 3.5x2.7x2cm. External surface unremarkable. Cut surface unremarkable . Serial section of the

fibrofatty tissue 4 lymph nodes dientified. Smallest measuring 0.4cm in diameter and largest measuring

1.7x1x0.7cm. Sections submitted as follows:

E1 & E2 - Salivary gland

E3 -1 lymph node

E4 - 1 lymph node

E5 - 2 lymph nodes

Specimen VI labelled "Right level IIa", consists of fibrofatty tissue measuring 2.5x2x0.5cm. Serial section - 6

lymph nodes identified. Representative sections are submitted in cassettes F1 to F6.

Specimen VII labelled "Right level IIb", consists of 2 fibrofatty tissue both measuring 1x1x0.5cm. Serial

sections, 1 lymph node identified. Entire specimen submitted in cassettes G1 & G2.

Specimen VIII labelled "Right level III and IV" consists of multiple fibrofatty tissue in aggregate measuring

4.5x3.5x2cm. 9 lymph nodes identified, smallest measuring 0.5cm in diameter, largest measuring 2x1.5x1cm.

Entire specimen submitted in cassettes H1 to H6.

Specimen IX labelled "Right level VA", consists of multiple fibrofatty tissue in aggregate measuring 2x2x1cm.

Serial section 4 lymph nodes identified. Entire specimen submitted in cassettes J1 & J2.

(Dr.Poonam/mm)

**Microscopic Description :**

Type of specimen: WLE Right lateral border of tongue

Histological type: Sections show mucosa with an infiltrating Moderately differentiated Squamous cell

carcinoma. The tumor is composed of cells arranged in nests, cords and scattered singly. Brisk mitoses, stromal

desmoplasia, keratin pearls and secondary chronic inflammation. Invasive front: Cohesive. Tumor size:

4.3x2.5x2cm

Maximum depth of invasion: 2cm. Vascular and perineural invasion- Present.

Margins:

The tumor is 1cm from posterior, 1cm form superomedial, 2cm from inferomedial, 2.5cm from deep margin and

5cm from anterior margin.

"Additional posterior mucosal margin and deep soft tissue margin": free of tumor.

Lymph nodes:

"Level IA": Seven lymph nodes, free of tumor.

"Right level IB": Four lymph nodes and slaivary gland, free of tumor.

"Right level IIA": Nine lymph nodes, free of tumor.

"Right level IIB": Three lymph nodes, free of tumor.

"Right level III and IV": 15 lymph nodes, free of tumor.

"Right level VA": Three lymph nodes, free of tumor.

**Diagnosis :**

Type of specimen: WLE Right lateral border of tongue

Histological type: Squamous cell carcinoma

Differentiation : Moderate

Invasive front: Cohesive

Tumor size: 4.3x2.5x2cm

Maximum depth of invasion: 2cm

Vascular invasion- Present

Nerve invasion -Present

Margins:

The tumor is 1cm from posterior, 1cm form superomedial, 2cm from inferomedial, 2.5cm from deep margin and

5cm from anterior margin.

"Additional posterior mucosal margin and deep soft tissue margin": free of tumor.

Lymph nodes:

"Level IA": Seven lymph nodes, free of tumor.

"Right level IB": Four lymph nodes and slaivary gland, free of tumor.

"Right level IIA": Nine lymph nodes, free of tumor.

"Right level IIB": Three lymph nodes, free of tumor.

"Right level III and IV": 15 lymph nodes, free of tumor.

"Right level VA": Three lymph nodes, free of tumor.

pTNM stage: pT3N0

**Date : 07/06/2016**

**WHOLE BODY PET CT IMAGING REPORT**

**PROCEDURE :**

6.00 mCi of 18F Flouro Deoxy Glucose (FDG) was injected IV in euglycemic status. One hour later Whole body

PET CT Imaging (Head to mid thigh) was performed on a GE Discovery PET 8 slice CT scanner.

Oral & IV contrast given for CT study.

Standardized Uptake Value (SUV) calculated for body weight and expressed as g/ml.

Fasting Blood Sugar: 115 mg / dl.

**FINDINGS :**

PET FINDINGS:

\* No abnormal focal / diffuse FDG uptake in the CT detected diffuse soft tissue thickening with fat

stranding at post operative site in residual tongue - possibly post radiotherapy changes.

\* No abnormal FDG uptake in CT detected tiny left level IV lymph node - likely to be inflammatory.

\* No abnormal focal / diffuse FDG uptake seen in any other lymph nodes, bilateral lungs,

liver, spleen, adrenal glands and skeleton imaged up to mid thigh.

\* Normal physiological FDG uptake seen in brain, pharyngeal tonsils, vocal cords,

myocardium, liver, intestinal loops, kidneys and urinary bladder.

CT FINDINGS:

Brain:

\* Normal neuroparenchyma. No focal lesion.

Neck:

\* Diffuse soft tissue thickening & fat stranding in post operative site in residual tongue &

in right level Ib station. (FDG non avid) - post radiotherapy changes.

\* A tiny left level IV lymph node seen (FDG non avid)

\* Oropharynx, nasopharynx, laryngopharynx and thyroid gland appear normal.

\* Common carotid artery and internal jugular vein appear normal.

Chest:

\* Lung fields appear clear. No focal lesion.

\* Mediastinum is central.

\* Cardia and major vessels are normal.

\* No pleural effusion.

Abdomen:

\* A 5.3 x 3.7 cm cyst in right adnexa. No calcification / solid component.

\* Anteverted uterus.

\* Liver, gall bladder, spleen, pancreas, adrenals, kidneys and urinary bladder appear normal.

\* No retroperitoneal mass lesion.

\* No significant lymph nodes.

\* Contrast filled bowel loops are normal.

Bones:

\* No lytic / sclerotic lesion.

**CONCLUSION :**

\* NO EVIDENCE OF FDG AVID RECURRENT / RESIDUAL PRIMARY MALIGNANCY OF TONGUE.

\* NO FDG AVID LYMPH NODAL / DISTANT METASTASIS.

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| **Date of Admission :**27/12/2015 | **Date of Procedure :**28/12/2015 |

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| **Date of Discharge :**05/01/2016 |

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| **Discharging Status :**FOLLOW UP DISCHARGE SUMMARY |

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| **DIAGNOSIS :** |
| Carcinoma tongue |

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| **PROCEDURE DONE :** |
| WLE+Rt MRND (level I to V)+Lt modified RFFF+Tracheostomy under GA on 28/12/15 |

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| **HISTORY :** |
| h/o lesion over tongue since 8 months. Gradually progressive in size. Associated with pain since 2 weeks. No bleeding, trismus or other swellings. Patient is lactating with 10 month old child. No comorbidities. |

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| **CLINICAL EXAMINATION :** |
| Proliferative lesion involving right lateral tongue measuring 4x4.5 cm, extending from base of tongue, inferiorly upto FOM, anteriorly 5cm from tip. base is indurated. protrusion of tongue minimally restricted. Neck:NED Scopy: normal |

**INVESTIGATIONS :**

**Haemogram:**

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| **Date:** | **Hb: g/dl** | **PCV: %** | **PLT: ku/ml** | **TC: ku/ml** | **DC: N %** | **L: %** | **E: %** | **ESR: mm/1st hr** |
| 28/12/2015 | 11.0 | 33.0 | 303 | 18.5 | 85.3 | 10.8 | .401 | - |
| 29/12/2015 | 9.94 | 31.2 | 310 | 16.7 | 85.2 | 11.5 | .070 | - |
| 30/12/2015 | 10.4 | 34.1 | 279 | 15.4 | 74.5 | 18.9 | .050 | - |
| 31/12/2015 | 10.8 | 33.7 | 240 | 13.6 | 68.5 | 22.6 | 1.2 | - |
| 01/01/2016 | 12.7 | 38.8 | 332 | 14.9 | 75.2 | 17.6 | 1.6 | - |

**Renal Function Test and Serum Electrolytes:**

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| **Date:** | **Urea: mg/dl** | **Creatinine: mg/dl** | **Na+: mEq/L** | **K+: mEq/L** |
| 28/12/2015 | - | - | 136.7 | 4.0 |

Date: 01/01/2016

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| --- | --- |
| RBC-COUNT-Blood : 4.51 M/uL | MCV-Blood : 85.9 fL |

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| MCH-Blood : 28.1 pg | MCHC-Blood : 32.7 g/dl |

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| --- | --- |
| RDW-Blood : 13.1 % | MPV-Blood : 8.5 fL |

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| MONO -Blood : 5.6 % | BASO-Blood : 0.0 % |

Date: 31/12/2015

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| RBC-COUNT-Blood : 3.81 M/uL | MCV-Blood : 88.4 fL |

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| MCH-Blood : 28.2 pg | MCHC-Blood : 31.9 g/dl |

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| RDW-Blood : 13.2 % | MPV-Blood : 8.8 fL |

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| MONO -Blood : 7.4 % | BASO-Blood : 0.3 % |

Date: 30/12/2015

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| RBC-COUNT-Blood : 4.07 M/uL | MCV-Blood : 83.8 fL |

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| MCH-Blood : 25.6 pg | MCHC-Blood : 30.6 g/dl |

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| RDW-Blood : 11.1 % | MPV-Blood : 6.51 fL |

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| MONO -Blood : 6.08 % | BASO-Blood : .392 % |

Date: 29/12/2015

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| Compatibility test; cross match complete (3 tests) : Compatible | RBC-COUNT-Blood : 3.78 M/uL |

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| MCV-Blood : 82.5 fL | MCH-Blood : 26.3 pg |

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| MCHC-Blood : 31.9 g/dl | RDW-Blood : 10.7 % |

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| MPV-Blood : 5.47 fL | MONO -Blood : 2.85 % |

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| BASO-Blood : .351 % |  |

Date: 28/12/2015

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| RBC-COUNT-Blood : 4.17 M/uL | MCV-Blood : 82.7 fL |

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| MCH-Blood : 25.6 pg | MCHC-Blood : 31.0 g/dl |

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| RDW-Blood : 10.8 % | MPV-Blood : 5.68 fL |

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| MONO -Blood : 3.17 % | BASO-Blood : .321 % |

Date: 27/12/2015

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| Compatibility test; cross match complete (3 tests) : Compatible | Blood typing; ABO and RhD : O Rh D Positive |

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| T4 [Thyroxine] free-Serum : 1.06 ng/dl | Free T3-Serum : 2.65 pg/ml |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| Patient was admitted for surgery, after preoperative evaluation. Patient tolerated the procedure well. She was kept in the ICU post-operatively for flap monitoring and intensive care. She was started on Ryle's tube feeds and ambulated. She was comfortable. On POD3 she was decannulated and on POD she was shifted to the ward. She was started orally on OPD6 and POD7 the Ryle's tube was removed and she is now fit for discharge. |

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| **OPERATIVE FINDINGS :** |
| Findings: Ulcer 3x2cm over the rt lateral border of the tongue from 1.5 cm from the circumvalate papillae and 4 cm from the tip of the tongue Rt level I to V LN Surgery done:WLE+Rt MRND (level I to V)+Lt modified RFFF+Tracheostomy under GA on 28/12/15 Procedure: Under GA WLE of the ulcer done with 1 cm margin from the induration.Sent for frozen reported as deep margin close .5 cm other margins adequate.Deep margin reexcised Defect reconstrucred with LT modified RFFF Then rt transverse neck incision taken.Rt level I to V LN dissection done after identifying and preserving accesory nerve.Drain kept.Incision closed with subcutaneous vicryl and skin with subcuticular vicryl rapid Tracheostomy done |

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| **WHEN TO OBTAIN URGENT CARE:** |
| In case of oral bleeding compress the area with a clean piece of gauze or cloth and wait for 2 minutes. If persisting to report to the hospital immediately. |

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| **DIET RECOMMENDATIONS :** |
| Soft blended oral diet |

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| **PHYSICAL ACTIVITY :** |
| Normal |

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| **DISCHARGE MEDICATION :** |
| Tab DOLO 650 mg 1-1-1 x 2 days then SOS Tab PAN 40 mg 1-0-0 x 2 days CHLORHEXIDINE oral rinse thrice a day and after meals |

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| **Tumour Board Discussion** |

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| |  | | --- | | **Date of tumor board discussion :**  02/12/2015 | |
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| |  | | --- | | **Relevant clinical details :**  h/o lesion over tongue since 8 months. gradually progressive in size.associated with pain since 2 weeks. patient is lactating with 10 month old child. No comorbidities. o/e: proliferative lesion involving right lateral tongue measuring 4x4.5 cm, extending from base of tongue, inferiorly upto FOM, anteriorly 5cm from tip. base is indurated. protrusion of tongue minimally restricted. neck: ned.scopy: normal. | |  | |
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MRI head and neck 2)CECT chest 3)biopsy under LA  |  |  | | --- | --- | | |  | | --- | | **Date of tumor board discussion :**  09/12/2015 | | |  | | |  | | --- | |  | |  | | |  |  |  |  |  | | --- | --- | --- | | |  | | --- | |  | |  | | |  | | |  | | --- | |  | |  | | |  |  |  |  |  | | --- | --- | --- | | |  | | --- | |  | |  | | |  | | |  | | --- | |  | |  | | |  |  |  | | --- | |  |  |  |  |  | | --- | --- | --- | | |  | | --- | |  | |  | | |  | | |  | | --- | | **Other relevant investigations (including metastatic workup) :**  09.12.15 1)A well defined heterogenously enhancing ulceroproliferative lesion noted involving the right lateral border and dorsum of posterior third of oral tongue measuring 34x14x25.6 mm(AP x Tr x CC), volume - 8.2 cc. The lesion involves the right sublingual space, styloglossus , hyoglossus and the intrinsic muscles. 2)No lung lesions or significant mediastinal nodes. 3)Biopsy, right lateral border of tongue - Moderately differentiated Squamous cell carcinoma. | |  | | |  | | --- | |  | |  | |  | |  | | |  | | |  |  |  |  | | --- | --- | | |  | | --- | | **Agreed Plan of management :**  : WLE+I/L ND (to address level V) + STF | |  |  | | --- | | **Pathology Board Discussion** |  |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | |  |  | | |  | | |  |  |  | | --- | --- | --- | |  |  |  | | |  | | |  | | --- | | **Date of tumor board discussion :**  13/01/2016 | | |  | | |  | | --- | |  | |  | | |  |  |  |  |  | | --- | --- | --- | | |  | | --- | |  | |  | | |  | | |  | | --- | |  | |  | | |  |  |  |  |  | | --- | --- | --- | | |  | | --- | |  | |  | | |  | | |  | | --- | |  | |  | | |  |  |  | | --- | |  |  |  |  |  | | --- | --- | --- | | |  | | --- | | **Histology (include histology done / reviewed elsewhere) :**  Type of specimen: WLE Right lateral border of tongue Histological type: Squamous cell carcinoma Differentiation : Moderate Invasive front: Cohesive Tumor size: 4.3x2.5x2cm Maximum depth of invasion: 2cm Vascular invasion- Present Nerve invasion -Present Margins: The tumor is 1cm from posterior, 1cm form superomedial, 2cm from inferomedial, 2.5cm from deep margin and 5cm from anterior margin. "Additional posterior mucosal margin and deep soft tissue margin": free of tumor. Lymph nodes: "Level IA": Seven lymph nodes, free of tumor. "Right level IB": Four lymph nodes and slaivary gland, free of tumor. "Right level IIA": Nine lymph nodes, free of tumor. "Right level IIB": Three lymph nodes, free of tumor. "Right level III and IV": 15 lymph nodes, free of tumor. "Right level VA": Three lymph nodes, free of tumor. pTNM stage: pT3N0 | |  | | |  |  |  |  |  | | --- | --- | --- | | |  | | --- | | **Agreed Plan of management :**  Adjuvant RT | |  | |   **Date : 21/12/2015**  **ProgressNotes :**  Patient reviewed  O/E: Tongue status quo  Right ear NED  Advice: Continue CIPLOX for 5 more days  Review on Wednesday morning for admission  Findings: Ulcer 3x2cm over the rt lateral border of the tongue from 1.5 cm from the circumvalate papillae and  4 cm from the tip of the tongue  Rt level I to V LN  Surgery done:WLE+Rt MRND (level I to V)+Lt modified RFFF+Tracheostomy under GA on 28/12/15  Procedure:  Under GA WLE of the ulcer done with 1 cm margin from the induration.Sent for frozen reported as deep  margin close .5 cm other margins adequate.Deep margin reexcised  Defect reconstrucred with LT modified RFFF  Then rt transverse neck incision taken.Rt level I to V LN dissection done after identifying and preserving  accesory nerve.Drain kept.Incision closed with subcutaneous vicryl and skin with subcuticular vicryl rapid  Tracheostomy done  **Progress Notes**  **Date : 19/10/2023**  Ca Tongue Right lateral border pT4aN0M0  s/p WLE+Rt MRND (level I to V)+Lt modified RFFF+Tracheostomy under GA on 28/12/15  HPR:pT3N0  RT completed on 12.3.2016  O/E: locoregionally ned  scopy-  BOT, Epiglottis, AE folds NAD  B/L FVC and TVC mobile  chik adequate  s/b dr Kk  REview after 1 year (abroad)   |  | | --- | | **RADIATION ONCOLOGY TREATMENT SUMMARY** |  |  | | --- | |  | |  | | |  |  | | --- | --- | | **D/O Commencement of RT**  02/02/2016 | **D/O Completion of RT**  12/03/2016 | | |  | | |  | | --- | | **FINAL DIAGNOSIS, STAGE AND HISTOLOGY**  Carcinoma Right lateral border Tongue, WLE+Rt MRND (level I to V)+ modified RFFF+Tracheostomy under GA on 28/12/15. pT3N0M0 [cT4aN2M0] Moderately differentiated Squamous cell carcinoma Completed Post Operative Adjuvant Radiation therapy using VMAT Technique. | |  | | **CLINICAL HISTORY AND PHYSICAL FINDINGS**  Mrs. A A Animol, 28 year old lady, presented with history of lesion in the right lateral border of tongue for the last 8 months in December 2015. No habits, no sharp tooth. The lesion was found to increase in size and then she came to AIMS for further care. She was evaluated at Head and Neck surgery OPD. Clinical Examination revealed an ulcerproliferative lesion involving right lateral tongue measuring 4 x 4.5 cm, extending from base of tongue, inferiorly upto FOM, anteriorly 5cm from tip, base was indurated. Protrusion of tongue minimally restricted. Neck:No palpable neck nodes. Laryngo scopy: Normal Biopsy Right lateral border of tongue [Dated: 3/12/2015, Histology Lab No :S15-15238 ] reported as Moderately differentiated Squamous cell carcinoma. MRI Tongue with Contrast [Dated: 2/12/2015] showed a well defined heterogenously enhancing ulceroproliferative lesion noted involving the right lateral border and dorsum of posterior third of oral tongue measuring 34x14x25.6 mm(AP x Tr x CC), volume - 8.2 cc. The lesion involves the right sublingual space, styloglossus , hyoglossus and the intrinsic muscles. No evidence of spread across the midline. Few enhancing prominent nodes noted in level Ia, bilateral level Ib and right level III - largest in right level III measures 16x9 mm USG correlation showed suspicious node with deposit in level II CT chest was normal. She was advised for surgery and underwent WLE + Right SLND I-V + RFFF on 28/12/15 . Intraoperatively found an ulcer 3x2cm over the rt lateral border of the tongue from 1.5 cm from the circumvalate papillae and 4 cm from the tip of the tongue Post OP HPR [Dated:9/1/2016, Histology Lab No :S15- 16345] Histological type: Squamous cell carcinoma Differentiation : Moderate Invasive front: Cohesive Tumor size: 4.3x2.5x2cm Maximum depth of invasion: 2cm Vascular invasion- Present Nerve invasion -Present Margins: The tumor is 1cm from posterior, 1cm form superomedial, 2cm from inferomedial, 2.5cm from deep margin and 5cm from anterior margin. "Additional posterior mucosal margin and deep soft tissue margin": free of tumor. Lymph nodes: "Level IA": Seven lymph nodes, free of tumor. "Right level IB": Four lymph nodes and slaivary gland, free of tumor. "Right level IIA": Nine lymph nodes, free of tumor. "Right level IIB": Three lymph nodes, free of tumor. "Right level III and IV": 15 lymph nodes, free of tumor. "Right level VA": Three lymph nodes, free of tumor. She was pathologically staged as pT3N0M0. Her case was discussed in multidisciplinary tumor board and was planned for Post operative Adjuvant Radiation therapy. The diagnosis, stage of the disease, prognosis, need for adjuvant treatment with external beam Radiation Therapy, the benefits and side effects, Treatment techniques 3DCRT and VMAT were explained to the patient and husband. They opted for VMAT and hence scheduled for the same. Dental Consultation and Pre-RT Dental Extraction and Prophylaxis done prior to radiation Therapy. | |  | | **INVESTIGATIONS :**  **Haemogram:**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Date:** | **Hb: g/dl** | **PCV: %** | **PLT: ku/ml** | **TC: ku/ml** | **DC: N %** | **L: %** | **E: %** | **ESR: mm/1st hr** | | 08/02/2016 | 12.4 | 36.5 | 335 | 5.8 | 50.0 | 34.0 | 7.1 | - | | 15/02/2016 | 12.4 | 36.4 | 283 | 6.1 | 68.7 | 16.4 | 5.8 | - | | 22/02/2016 | 12.1 | 35.6 | 303 | 5.7 | 75.5 | 11.9 | 5.3 | - | | 29/02/2016 | 11.6 | 33.4 | 321 | 7.5 | 77.3 | 8.2 | 6.1 | - | | 05/03/2016 | 12.2 | 36.0 | 320 | 6.6 | 80.9 | 5.9 | 5.9 | - |   **Renal Function Test and Serum Electrolytes:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Date:** | **Urea: mg/dl** | **Creatinine: mg/dl** | **Na+: mEq/L** | **K+: mEq/L** | | 08/02/2016 | 16.6 | 0.68 | 137.5 | 4.4 |   Date: 05/03/2016   |  |  | | --- | --- | | RBC-COUNT-Blood : 4.17 M/uL | MCV-Blood : 86.5 fL |  |  |  | | --- | --- | | MCH-Blood : 29.4 pg | MCHC-Blood : 33.9 g/dl |  |  |  | | --- | --- | | RDW-Blood : 14.5 % | MPV-Blood : 7.3 fL |  |  |  | | --- | --- | | MONO -Blood : 7.2 % | BASO-Blood : 0.1 % |   Date: 29/02/2016   |  |  | | --- | --- | | RBC-COUNT-Blood : 3.87 M/uL | MCV-Blood : 86.3 fL |  |  |  | | --- | --- | | MCH-Blood : 29.8 pg | MCHC-Blood : 34.6 g/dl |  |  |  | | --- | --- | | RDW-Blood : 14.7 % | MPV-Blood : 7.5 fL |  |  |  | | --- | --- | | MONO -Blood : 8.0 % | BASO-Blood : 0.4 % |   Date: 22/02/2016   |  |  | | --- | --- | | T4 [Thyroxine] free-Serum : 0.99 ng/dl | TSH [Thyroid Stimulating Hormo-Serum : 0.8488 uIU/ml |  |  |  | | --- | --- | | RBC-COUNT-Blood : 4.14 M/uL | MCV-Blood : 85.9 fL |  |  |  | | --- | --- | | MCH-Blood : 29.1 pg | MCHC-Blood : 33.9 g/dl |  |  |  | | --- | --- | | RDW-Blood : 14.7 % | MPV-Blood : 7.8 fL |  |  |  | | --- | --- | | MONO -Blood : 7.0 % | BASO-Blood : 0.3 % |   Date: 15/02/2016   |  |  | | --- | --- | | T4 [Thyroxine] free-Serum : 0.88 ng/dl | TSH [Thyroid Stimulating Hormo-Serum : 1.3719 uIU/ml |  |  |  | | --- | --- | | RBC-COUNT-Blood : 4.24 M/uL | MCV-Blood : 85.7 fL |  |  |  | | --- | --- | | MCH-Blood : 29.2 pg | MCHC-Blood : 34.0 g/dl |  |  |  | | --- | --- | | RDW-Blood : 14.9 % | MPV-Blood : 7.7 fL |  |  |  | | --- | --- | | MONO -Blood : 8.7 % | BASO-Blood : 0.4 % |   Date: 08/02/2016   |  |  | | --- | --- | | RBC-COUNT-Blood : 4.27 M/uL | MCV-Blood : 85.6 fL |  |  |  | | --- | --- | | MCH-Blood : 29.0 pg | MCHC-Blood : 33.9 g/dl |  |  |  | | --- | --- | | RDW-Blood : 15.0 % | MPV-Blood : 7.4 fL |  |  |  | | --- | --- | | MONO -Blood : 8.5 % | BASO-Blood : 0.4 % | | |  | | **HISTOPATHOLOGY REPORTS**  Biopsy, Right lateral border of tongue [Dated: 3/12/2015, Histology Lab No :S15-15238 ] Moderately differentiated Squamous cell carcinoma Post OP HPR [Dated:9/1/2016, Histology Lab No :S15- 16345] Histological type: Squamous cell carcinoma Differentiation : Moderate Invasive front: Cohesive Tumor size: 4.3x2.5x2cm Maximum depth of invasion: 2cm Vascular invasion- Present Nerve invasion -Present Margins: The tumor is 1cm from posterior, 1cm form superomedial, 2cm from inferomedial, 2.5cm from deep margin and 5cm from anterior margin. "Additional posterior mucosal margin and deep soft tissue margin": free of tumor. Lymph nodes: "Level IA": Seven lymph nodes, free of tumor. "Right level IB": Four lymph nodes and slaivary gland, free of tumor. "Right level IIA": Nine lymph nodes, free of tumor. "Right level IIB": Three lymph nodes, free of tumor. "Right level III and IV": 15 lymph nodes, free of tumor. "Right level VA": Three lymph nodes, free of tumor. pTNM stage: pT3N0M0 | |  | | **RADIOLOGY AND NUCLEAR MEDICINE REPORTS**  CT Chest with Contrast [Dated: 2/12/2015] Normal mediastinal vascular structures. The hila are normal. The tracheobronchial tree is normal. Normal lung parenchyma. No pleural pathology. Few small axial lymphnodes. Impression: No lung lesions or significant mediastinal nodes. MRI Tongue with Contrast [Dated: 2/12/2015] A well defined heterogenously enhancing ulceroproliferative lesion noted involving the right lateral border and dorsum of posterior third of oral tongue measuring 34x14x25.6 mm(AP x Tr x CC), volume - 8.2 cc. The lesion involves the right sublingual space, styloglossus , hyoglossus and the intrinsic muscles. No evidence of spread across the midline. Few enhancing prominent nodes noted in level Ia, bilateral level Ib and right level III - largest in right level III measures 16x9 mm - suggeste USG correlation. The lesion shows an ADC of 0.000792 and normal site that of 0.00120. Impression: Well defined heterogenously enhancing ulceroproliferative lesion involving the right side of oral tongue - needs histopathological correlation. Few prominent enhancing nodes as described - suggest USG Correlation | |  | | |  | | |  | | --- | | **Treatment Given:** | |  | | **SURGERY DETAILS :**  WLE+Rt MRND (level I to V)+Lt modified RFFF+Tracheostomy under GA on 28/12/15 Procedure: Under GA WLE of the ulcer done with 1 cm margin from the induration.Sent for frozen reported as deep margin close .5 cm other margins adequate.Deep margin reexcised Defect reconstrucred with LT modified RFFF Then rt transverse neck incision taken.Rt level I to V LN dissection done after identifying and preserving accesory nerve.Drain kept.Incision closed with subcutaneous vicryl and skin with subcuticular vicryl rapid Tracheostomy done. | |  | | **RADIATION DETAILS :**  Intent: Curative [Post Operative Adjuvant Radiation Therapy] Technique: VMAT Site of Disease: Right lateral border Tongue Cat Scan Simulation on 25/1/2016 Complex Computerised Treatment Planning on 2/2/2016 Plan verification and RT Started on 2/2/2016 RT Completed on 12/3/2016 Treatment breaks- Nil Total Dose: 6300 cGy in 30 fractions | |  | | **Primary Tumour And Drainage Area :**  Site: PTV 63 Gy= Right level II A Energy: 6 MV Photons Dose: 6300 cGy in 30 fractions Schedule: 210 cGy per fraction and 5 fractions a week Dose prescribed to 100% isodose line. Site: PTV 60 Gy= Tongue + Tumor bed+ Right level I- IV A and Left level I- II Nodal station Energy: 6 MV Photons Dose: 6000 cGy in 30 fractions Schedule: 200 cGy per fraction and 5 fractions a week Dose prescribed to 100% isodose line. Site: PTV54 Gy= Right level III- VI and Left level IVB- VI Nodal station and Bilateral RP station Energy: 6 MV Photons Dose: 5400 cGy in 30 fractions Schedule: 180 cGy per fraction and 5 fractions a week Dose prescribed to 100% isodose line | |  | |  | |  | |  | |  | |  | |  | | **TREATMENT COURSE :**  28 year old female, diagnosed as a case of Carcinoma Right lateral border Tongue, Post Operative, pT3N0M0, completed planned course of Adjuvant Radiation therapy well without interruptions. | |  | | **ADVICES AT DISCHARGE, MEDICATIONS AND FURTHER PLAN**  1. Review after 1 and 2 weeks in RT OPD. 2. Review after 4-6 weeks in HNS-RT Combined Follow Up Clinic for evaluation of Primary Disease, Neck Nodes 3. Review every month in RT OPD for one year and then as advised. Investigations: 1. CXR PA View, CBC, RFT and Liver Enzymes [SGOT, SGPT and Alkaline Phosphatase] 4- 6 weeks post RT and then as advised by the Physician [CXR every 6 months]. 2. TFT [T3, T4, TSH] every 6 months routinely to rule out post RT hypothyroidism. Oral and Skin Care: 1. Mix a pinch of Soda Bicarbonate powder and one table spoon of common salt in a liter of water and use as mouth wash every 4 to 6 hours. Neem Leaf mouth wash as advised. 2. Skin care: Avoid applying oil and washing with soap. Gentle splashing of water followed by mopping with towel. Normal daily bath can be resumed after 3 weeks of completion of RT. Apply ointments or creams only as per Doctors' advice. 3. Silver Sulfadiazine Cream for Local Application TID for wounds [for healing]. Specific: 1. High calorie feeds: 3500 calorie and 120 gm protein with mineral and vitamin supplementation in 2.5 liters of liquid diet. Orally as tolerated | | | |  | |