**CYTOLOGY REPORT**

**Collection Date :** 20/09/2012 **Collection Time :** 12:30

**Received Date :** 20/09/2012 **Received Time :** 12:30

**Clinical Impression :**

Carcinoma tongue with neck nodes.

**Sample Description :**

- FNAC from cervical lymph node

- 2 dry and 2 wet smears prepared.

**Microscopic Description :**

Examined 4 FNAC smears left cervical lymph node. The smears are highly cellular and composed of singly

scattered and poorly cohesive squamous cells with hyperchromatic irregular nucleus and tadpole shaped cells

admixed with mature looking squamous cells in a background of reactive population of lymphoid cells.

**Impression :**

Cervical lymph node : Metastatic well differentiated squamous cell carcinoma.

**Impression :**

**MDCT NECK - CONTRAST**

Focal ill defined mildly enhancing soft tissue lesion measuring approximately 26x7mm involving the left lateral border of tongue. No obvious posterior extension of lesion to involve the tonsilar pillar / oropharynx. No cortical erosion of adjacent bone.

Few left level V cervical lymph nodes largest measuring 2.1(CC)x 1.5(Tr)x 1.8(AP) cm. The largest node has non enhancing central areas â?? Probably necrotic.

Few small level II lymph nodes on both sides, largest measuring 10.3x7.3mm.

Larynx and the tracheal air way are normal.

Hypopharynx and laryngopharynx are normal.

The thyroid gland shows dense homogenous enhancement and appears normal in size and shape. No focal lesion.

**IMPRESSION**

       **Ill defined mildly enhancing soft tissue lesion involving the left lateral border of tongue as described. No cortical bone erosion/ posterior extension of lesion.**

      **Large left level V cervical lymph node- probably necrotic.**

      **Few small left level V and bilateral level II nodes.**

**SURGICAL PATHOLOGY REPORT**

**Age :** 61

**Date of sample collection :** 20/09/2012

**Received on :** 20/09/2012

**Reported Date :** 25/09/2012

**Clinical Impression :**

Left lateral tongue lesion - 3 years

**Gross Description :**

Received in formalin is an unlabelled specimen, consists of single grey brown tissue bits measuring

1x0.9x0.3cm. Entire specimen submitted in one cassette.

(Dr.Abitha/Sr/Sm)

**Microscopic Description :**

Sections from tongue shows infiltrating neoplasm consists of cells arranged in diffuse sheets and nest and

trabeculae. Cells are polygonal with pleomorphic vesicular nuclei, prominent nucleoli. Mitotic figures noted

0-1/hpf. No necrosis / hemorrhage noted. Well formed keratin pearls noted. Neoplasm is seen infiltrating the

stroma. Numerous inflammatory cells also seen in stroma composed mainly of lymphocytes.

**Impression :**

Biopsy left lateral border of tongue : Moderately differentiated squamous cell carcinoma.

**SURGICAL PATHOLOGY REPORT**

**Age :** 61

/10/2012

**Received on :** 15/10/2012

**Reported Date :** 19/10/2012

**Clinical Impression :**

Ca. tongue left lateral border

**Gross Description :**

Received in formalin are 9 specimens. The Ist specimen labelled as "left tongue labelled with sutures", consists

of tongue measurig 6x5x2.5cm, lateral surface an ulcerated and indurated area measuring 3.5x2cm, specimen is

slice from anterior to posterior in to 13 slices, lesion involves 6 to 11 slice, A grey white tumour is also seen

corresponding to ulcer infiltrate to a depth of 0.9cm. The lesion is situated 2.2cm away from anteiror mucosal

margin, 1.5cm from ventral mucosal margin, 2.2cm from dorsal mucosal margin, 1.5cm from posterior mucosal

margin. Representative sections are submitted as follows:

A1 - Anterior shaved margin

A2 - Posterior shaved margin

A3 - lesion with lateral margin

A4 - Lesion with inferior margin

A5 - lesion with superior margin

A6 & A7 - lesion with inked margin

AFB1 - lesion with lateral margin

Specimen II labelled as "Level IA", consists of single fibrofatty tissue measuring 3.1x3x0.4cm. Entire specimen

submitted in B1 to B3 cassettes.

Specimen III labelled as "Left level IB", consists of single nodualr fibrofatty tissue whole measuring 4.5x4x2cm.

5 lymph nodes and 1 salivary gland identified, largest lymph node measuring 1.3cm in greatest dimension.

Representative sections are submitted as follows:

C1 - 2 lymph nodes

C2 - 3 lymph nodes

C3 - From salivary gland

Specimen IV labelled as "left level IIA", consists of single nodular fibrofatty tissue measuring 5.5x3.5x0.8cm. 5

lymph nodes identified, largest measuring 1.2cm in greatest dimension. Representative sections are submitted as

follows:

D1 - 2 lymph nodes

D2 - 3 lymph nodes

Specimen V labelled as "left level IIB", consists of single fibrofatty tissue measuring 2.5x1.5x0.9cm. On cutting

3 lymph nodes identified largest measuring 0.8cm in greatest dimension. Representative sections are submitted

in cassette E.

Specimen VI labelled as "Left level III", consists of single nodular fibrofatty tissue bit measuring 4x3.8x1.5cm.

2 lymph nodes identified largest measuring 2.5cm in greatest dimension. Representative sections are submitted

as follows:

F1 - From largest lymph node

F2 - Smaller lymph node

Specime VII labelled as "Left level IV", consists of single nodular fibrofatty tissue single nodular fibrofatty

tissue measuring 4x3x1cm. on serial slicing 4 lymph nodes identifed largest measuring 1.5cm in greatest

dimension. Representative sections are submitted as follows:

G1 - largest lymph node

G2 - 3 lymph nodes

Specimen VIII labelled as "Left level V", consists of single fibrofatty tissue measuring 3.5x3x1cm. 4 lymph

nodes identified, largest measuring 1.5cm in greatest dimension. Representative sections are submitted in H1

and H2 cassettes.

Specimen IX labelled as "Cyst left thigh", consists of single elliptical piece of the skin covered cystic mass

whole measuring 2.8x1.5x1.1cm. Row surfce inked, on serial slicing cut section shows a cystic lesion filled with

granular grey white material. Representative sections are submitted in cassette J.

**Microscopic Description :**

A. Sections from the tongue show a neoplasm arising from the ulcerated stratified squamous epithelium

composed of cells in anastomosing trabeculae, nests and lobules. Individual cells are spindle shaped with

moderate cytoplasm, elongated to oval nuclei with coarse chromatin, irregular nuclear borders, variably

prominent nucleoli and indistinct cells borders. Keratin pearls are also seen. The tumour has infiltrative borders

and the depth of invasion is 0.9cm. Stroma shows focal myxoid areas. Dense lymphoplasmacytic infiltration are

also seen. Perineural infiltration seen. No lymphovascular emboli are noted.

All rexection margins are free

The deep margins is 1cm away

B. Level I A - Shows salivary gland and reactive nodes. No evidence of metastasis seen.

C. Left level IB - 3 reactive nodes and single salivary gland are free of neoplasm.

D. Left level IIa - Shows 1/3 nodes shows metastasis. No perinodal spread seen.

E. Left leve IIB - Shows 3 reactive nodes

F. Left level III - Shows 1/3 nodes with metastasis with perinodal spread.

G. Left level IV - 1/5 nodes show metastasis with perinodal spread

H. Left level V - Shows 3 reactive nodes

J. Left thigh cyst - Epidermal cyst.

**Impression :**

WLE left lateral border of tongue with selective neck dissection:

- Moderately differentiated squamous cell carcinoma

- Tumour measuring 3.5x2x0.9cm.

- Depth of invasion 0.9cm

- Perineural invasion seen.

- All resection margins are free and well away.

- 4/23 shows metastasis with perinodal spread in 2 nodes.

pT2N1bMx.

Left thigh cyst - Epidermal cyst.

***(Amended, see details below)***

**Date :** 03/12/2012 **Created Time :** 11:16

**This is an addendum to the clinical document. This should be issued and read always alongwith the**

**original document.**

**ADDENDUM :**

Please read the final impression as follows :

WLE left lateral border of tongue with selective neck dissection:

- Moderately differentiated squamous cell carcinoma

- Tumour measuring 3.5x2x0.9cm.

- Depth of invasion 0.9cm

- Perineural invasion seen.

- All resection margins are free and well away.

- 3/23 shows metastasis with perinodal spread in 2 nodes.

pT2N2bMx.

Left thigh cyst - Epidermal cyst.

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| **Date of Admission :**14/10/2012 | **Date of Procedure :**15/10/2012 |

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| **Date of Discharge :**27/10/2012 |

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

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| **DIAGNOSIS :** |
| Carcinoma left lateral border of tongue with Secondary Neck T2N2M0 Stage IV |

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| **PROCEDURE DONE :** |
| Transoral wide local excision of tongue left lateral border of tongue + ND (Level I-IV) + RFFFlap |

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| **HISTORY :** |
| 61 year old Mr. karthikeyan Illickal presented here with a left lateral tongue lesion since apparently 3 years which was increasing in size since 3-4 months. Biopsy done and reported as moderately differentiated squamous cell carcinoma. MDCT neck contrast done revealed as Ill defined mildly enhancing soft tissue lesion involving the left lateral border of tongue as described. No cortical bone erosion/ posterior extension of lesion.Large left level V cervical lymph node- probably necrotic. Few small left level V and bilateral level II nodes. After tumour board discussion he was taken up for surgery. |

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| **PAST HISTORY :** |
| Non smoker/non tobacco chewer Alcoholic. |

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| **CLINICAL EXAMINATION :** |
| o/e: A large ulcerated and indurated growth noted in left lateral border of oral tongue - 3 x 1.5 cm in size - Tonsillar pillar/post tongue/Alveolus not involved. Neck - A large >3 cm node on ipsilateral level 5 |

**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** |
| 17/09/2012 | 14.9 | 43.6 | 249.0 | 9.35 | 61.8 | 23.2 | 7.33 | 40 |
| 14/10/2012 | 13.4 | 40.2 | 269.0 | 9.16 | 60.6 | 26.3 | 5.05 | - |
| 16/10/2012 | 13.1 | 40.4 | 223.0 | 16.5 | 82.0 | 11.6 | 0.715 | - |
| 18/10/2012 | 11.6 | 34.2 | 244.0 | 15.7 | 83.4 | 11.0 | 0.319 | - |

**Liver Function Test:**

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| **Date:** | **T. Bilirubin: mg/dl** | **D. Bilirubin: mg/dl** | **SGOT: IU/L** | **SGPT: IU/L** | **ALP: IU/L** | **T. Protein: gms/dl** | **S. Alb: g/dl** | **S. Glob: g/dl** |
| 17/09/2012 | 0.77 | 0.13 | 13.2 | 14.5 | 59.6 | 7.76 | 4.22 | 3.5 |

**Renal Function Test and Serum Electrolytes:**

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| **Date:** | **Urea: mg/dl** | **Creatinine: mg/dl** | **Na+: mEq/L** | **K+: mEq/L** |
| 17/09/2012 | 19.4 | 1.19 | 131.8 | 4.3 |
| 15/10/2012 | - | - | 136.5 | 3.7 |
| 16/10/2012 | 15.1 | 0.87 | 133.3 | 4.7 |
| 21/10/2012 | - | - | 131.2 | 3.7 |

Date: 18/10/2012

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| RBC-COUNT-Blood : 3.84 M/uL | MCV-Blood : 89.2 fL |

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| MCH-Blood : 30.3 pg | MCHC-Blood : 34.0 g/dl |

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| RDW-Blood : 13.0 % | MPV-Blood : 6.67 fL |

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| MONO -Blood : 4.86 % | BASO-Blood : 0.438 % |

Date: 16/10/2012

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| HB A1C[Glycated Hemoglobin]Whole Blood : 10.0 % | Compatibility test; cross match complete (3 tests) : Compatible |

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| RBC-COUNT-Blood : 4.47 M/uL | MCV-Blood : 90.5 fL |

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| MCH-Blood : 29.3 pg | MCHC-Blood : 32.3 g/dl |

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| RDW-Blood : 15.0 % | MPV-Blood : 6.04 fL |

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| MONO -Blood : 5.09 % | BASO-Blood : 0.585 % |

Date: 15/10/2012

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| Glucose [F]-Plasma : 74.7 mg/dl |  |

Date: 14/10/2012

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

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| HBs Ag Test - Emergency Screen : 0.05 Non Reactive | Anti HCV - Emergency Screen : 0.03 Non Reactive |

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| HIV - Emergency Screen(P24 Ag and HIV 1 and 2 Ab) : 0.05 Non Reactive | PT[Prothrombin Time with INR]-Plasma : 15.1/14.60/1.04 sec |

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| RBC-COUNT-Blood : 4.47 M/uL | MCV-Blood : 89.9 fL |

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| MCH-Blood : 30.1 pg | MCHC-Blood : 33.5 g/dl |

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| RDW-Blood : 13.9 % | MPV-Blood : 5.98 fL |

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| MONO -Blood : 6.63 % | BASO-Blood : 1.36 % |

Date: 26/09/2012

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| HB A1C[Glycated Hemoglobin]Whole Blood : 11.8 % |  |

Date: 17/09/2012

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| Glucose [PP]-Plasma : 336.8 mg/dl | Glucose [F]-Plasma : 239.4 mg/dl |

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| Calcium; total - Serum : 9.6 mg/dl | Uric acid - Serum : 4.1 mg/dl |

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| TSH [Thyroid Stimulating Hormo-Serum : 3.98 uIU/ml | PSA - Total [Prostate Specific Antigen]serum : 3.728 ng/ml |

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| RBC-COUNT-Blood : 4.84 M/uL | Cholesterol, total -Plasma : 213.3 mg/dl |

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| Cholesterol HDL-Plasma : 33.9 mg/dl | Cholesterol LDL-Plasma : 131.8 mg/dl |

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| Cholesterol VLDL : 41.0 mg/dl | Triglycerides -Plasma : 203.5 mg/dl |

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| BASO-Blood : 1.14 % | MCH-Blood : 30.8 pg |

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| MCHC-Blood : 34.2 g/dl | MCV-Blood : 90.0 fL |

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| MONO -Blood : 6.62 % | MPV-Blood : 6.53 fL |

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| RDW-Blood : 15.0 % | Glucose [Urine] : 3+ mg/dl |

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| Leucocytes-urine : Neg | Bilirubin [Urine] : Neg umol/L |

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| Microscopy (Urine) : 0-1 PUS CELLS/HPF | Specific Gravity-urine : 1.010 NONE |

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| Clarity-urine : CLEAR | Urine pH : 5.5 NONE |

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| Urobillinogen-urine : Normal umol/L | Nitrite-urine : Neg |

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| Blood [Urine] : Neg EU |  |

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| Surgical Pathology Report Date:19-10-2012. Clinical Impression : Ca. tongue left lateral border Gross Description : Received in formalin are 9 specimens. The Ist specimen labelled as "left tongue labelled with sutures", consists of tongue measurig 6x5x2.5cm, lateral surface an ulcerated and indurated area measuring 3.5x2cm, specimen is slice from anterior to posterior in to 13 slices, lesion involves 6 to 11 slice, A grey white tumour is also seen corresponding to ulcer infiltrate to a depth of 0.9cm. The lesion is situated 2.2cm away from anteiror mucosal margin, 1.5cm from ventral mucosal margin, 2.2cm from dorsal mucosal margin, 1.5cm from posterior mucosal margin. Representative sections are submitted as follows: A1 - Anterior shaved margin A2 - Posterior shaved margin A3 - lesion with lateral margin A4 - Lesion with inferior margin A5 - lesion with superior margin A6 & A7 - lesion with inked margin AFB1 - lesion with lateral margin Specimen II labelled as "Level IA", consists of single fibrofatty tissue measuring 3.1x3x0.4cm. Entire specimen submitted in B1 to B3 cassettes. Specimen III labelled as "Left level IB", consists of single nodualr fibrofatty tissue whole measuring 4.5x4x2cm. 5 lymph nodes and 1 salivary gland identified, largest lymph node measuring 1.3cm in greatest dimension. Representative sections are submitted as follows: C1 - 2 lymph nodes C2 - 3 lymph nodes C3 - From salivary gland Specimen IV labelled as "left level IIA", consists of single nodular fibrofatty tissue measuring 5.5x3.5x0.8cm. 5 lymph nodes identified, largest measuring 1.2cm in greatest dimension. Representative sections are submitted as follows: D1 - 2 lymph nodes D2 - 3 lymph nodes Specimen V labelled as "left level IIB", consists of single fibrofatty tissue measuring 2.5x1.5x0.9cm. On cutting 3 lymph nodes identified largest measuring 0.8cm in greatest dimension. Representative sections are submitted in cassette E. Specimen VI labelled as "Left level III", consists of single nodular fibrofatty tissue bit measuring 4x3.8x1.5cm. 2 lymph nodes identified largest measuring 2.5cm in greatest dimension. Representative sections are submitted as follows: F1 - From largest lymph node F2 - Smaller lymph node Specime VII labelled as "Left level IV", consists of single nodular fibrofatty tissue single nodular fibrofatty tissue measuring 4x3x1cm. on serial slicing 4 lymph nodes identifed largest measuring 1.5cm in greatest dimension. Representative sections are submitted as follows: G1 - largest lymph node G2 - 3 lymph nodes Specimen VIII labelled as "Left level V", consists of single fibrofatty tissue measuring 3.5x3x1cm. 4 lymph nodes identified, largest measuring 1.5cm in greatest dimension. Representative sections are submitted in H1 and H2 cassettes. Specimen IX labelled as "Cyst left thigh", consists of single elliptical piece of the skin covered cystic mass whole measuring 2.8x1.5x1.1cm. Row surfce inked, on serial slicing cut section shows a cystic lesion filled with granular grey white material. Representative sections are submitted in cassette J. Microscopic Description : A. Sections from the tongue show a neoplasm arising from the ulcerated stratified squamous epithelium composed of cells in anastomosing trabeculae, nests and lobules. Individual cells are spindle shaped with moderate cytoplasm, elongated to oval nuclei with coarse chromatin, irregular nuclear borders, variably prominent nucleoli and indistinct cells borders. Keratin pearls are also seen. The tumour has infiltrative borders and the depth of invasion is 0.9cm. Stroma shows focal myxoid areas. Dense lymphoplasmacytic infiltration are also seen. Perineural infiltration seen. No lymphovascular emboli are noted. All rexection margins are free The deep margins is 1cm away B. Level I A - Shows salivary gland and reactive nodes. No evidence of metastasis seen. C. Left level IB - 3 reactive nodes and single salivary gland are free of neoplasm. D. Left level IIa - Shows 1/3 nodes shows metastasis. No perinodal spread seen. E. Left leve IIB - Shows 3 reactive nodes F. Left level III - Shows 1/3 nodes with metastasis with perinodal spread. G. Left level IV - 1/5 nodes show metastasis with perinodal spread H. Left level V - Shows 3 reactive nodes J. Left thigh cyst - Epidermal cyst. Impression : WLE left lateral border of tongue with selective neck dissection: - Moderately differentiated squamous cell carcinoma - Tumour measuring 3.5x2x0.9cm. - Depth of invasion 0.9cm - Perineural invasion seen. - All resection margins are free and well away. - 4/23 shows metastasis with perinodal spread in 2 nodes. pT2N1bMx. Left thigh cyst - Epidermal cyst. |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| Patient was admitted. Aftr all preliminary investigation and evaluation patient was taken up for transoral wide local excision of tongue left lateral border of tongue + ND (Level I-IV) + RFFFlap. Post operative period was uneventful, wound healed well. His post op HPE was discussed in tumor board and was planned for Adjuvant chemoradiation in view of Perinodal spread. Radiation oncology consultation was sought for the same. At the time of discharge patient was afebrile, vitals stable. |

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| **OPERATIVE FINDINGS :** |
| Under GA under all aseptic precautions Trans oral wide local excision of left lateral border of tongue lesion done with 1 cms margins. Tongue defect (7X6 cms) reconstructed with RAFF. Transverse cervical incision given subplatysmal flap raised superiorly upto lower border of mandible, inferiorly upto clavicle Left side level I-V done preserving Spinal acessory, IJV, SCM .Radial forearm harvested and anastomosed to facial artery and superior thyroid vein and external juglar vein. homeostasis attained drains placed and wound closed in layers |

**Progress Notes**

**Date : 17/09/2012**

**ProgressNotes :**

A 61 year old male with new onset DM else no comorbids

Non smoker/non tobacco chewer

Alcoholic

was incidentally dertected with a tongue lesion during routine medical check up

Has a left lateral tongue lesion since apparently 3 yaers increasing since 3-4 months.

No pain/bleed

o/e: A large ulcerated and indurated growth noted in left lateral border of oral tongue - 3 x 1.5 cm in size -

Tonsillar pillar/post tongue/Alveolus not involved.

Neck - A large >3 cm node on ipsilateral level 5

cT2N2a lesion

Adv: FNAC neck node and CT Head and Neck tomo - forms given

Biopsy from indurated part after PHOTO tomorrow in OPD.

**Progress Notes**

**Date : 19/07/2013**

**ProgressNotes :**

FNAC (left) neck swelling - Metastatic squamous cell carcinoma in a known case of carcinoma Tongue.

Left Nodal Mass present since APril, Progressively increasing in size.

O/E: Neck : nodal mass ( 5x4 cm) in Left level II and III , skin is stretched over the mass, with impending

fungation.

?Non compliant to follow up due to Depression

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| **OPERATIVE FINDINGS :** |
| Under GA under all aseptic precautions Trans oral wide local excision of left lateral border of tongue lesion done with 1 cms margins. Tongue defect (7X6 cms) reconstructed with RAFF. Transverse cervical incision given subplatysmal flap raised superiorly upto lower border of mandible, inferiorly upto clavicle Left side level I-V done preserving Spinal acessory, IJV, SCM .Radial forearm harvested and anastomosed to facial artery and superior thyroid vein and external juglar vein. homeostasis attained drains placed and wound closed in layers |

**Progress Notes -Medical oncology**

**Date : 26/11/2012**

**ProgressNotes :**

Ca tongue, T2Dm

T2N2bM0, with perionodal spread in 2 nodes.

Plan- CTRT with weekly cisplatin

radiation oncology

**Progress Notes**

**Date : 15/11/2012**

**ProgressNotes :**

Ca tongue

T2N2bM0

For CTRT with IMRT.

dental cleared

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Medical Oncology consultation.

alternate feeding route: NG tube SOS.

RT start date: 26.11.2012.