**RADIOLOGY REPORT**

**Created Date:** 04/12/2018

**Study Done:**

**MRI HEAD AND NECK WITH CONTRAST**

**Clinical Information: Biopsy proven moderately differentiated SCC tongue cT1/T2N0Mx, right lateral**

**border.**

Findings:

Focal T2 hyperintense area in right lateral border of the tongue which shows diffusion restriction and post

contrast enhancement measuring 12x15mm - represents the primary tumor No extension into sublingual space /

floor of mouth. Not crossing the midline.

Few subcentimetric benign appearing lymphnodes with preserved fatty hilum seen in bilateral level Ia, Ib, II,

right level II

Soft tissue planes of the neck appear normal.

Naso & oropharynx appear normal.

Supraglottis ,glottis and subglottis appear normal.

Both parotid and submandibular salivary gland appear normal.

Carotid and jugular vessels appear normal.

Thyroid gland appear normal.

Cervical spine appear normal.

**Impression:**

**Biopsy proven moderately differentiated SCC tongue cT1/T2N0Mx, right lateral border.**

• **Focal enhancing lesion in right lateral border of the tongue as described-represent primary**

**malignancy.**

• **No extension into sublingual space / floor of mouth. Not crossing the midline.**

• **Few subcentimetric benign appearing lymphnodes with preserved fatty hilum seen in bilateral**

**level Ia, Ib, II, right level II**

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 18/12/2018

**Received on :** 18/12/2018

**Reported Date :** 27/12/2018

**Clinical Impression :**

Right tongue carcinoma

**Gross Description :**

Received in formalin are 9 specimens.

The Ist specimen labelled "Wide local excision of tongue tagged as double dorsal and single anterior" consists of

a portion of tongue measuring 4(AP)x4(SI)x2(ML)cm. There is an ulceroerosive lesion measuring

2(AP)x2.3(SI)cm on the mucosa.Raw surface inked and serially sliced into anterior to posterior. A grey white

infiltrative lesion arising from mucosa measuring 2(AP)x2.3(SI)x1.5(ML)cm. Depth of the lesion is 1.7cm. No

other lesion identified. The tongue is serially sliced into 6 slices. The lesion is 1.2cm from anterior soft tissue

and mucosal margin, 0.4cm from posterior soft tissue and mucosal margin, 1.2cm from inferior soft tissue and

mucosal margin, 0.4cm from superior soft tissue and mucosal margin and abutting from deep inked margin.

Representative sections are submitted as follows:

A1 & A2 - Anterior soft tissue mucosal margin

A3 -Slice 1 Superior half

A4- Slice 1 Inferior half

A5 - Slice 2 - Superior half

A6 - Slice 2 - Inferior half

A7 - Slice 3 - Superior half

A8 - Slice 3 - Inferior half

A9 - Slice 4 - Superior half

A10 - Slice 4 - Inferior half

A11 - Slice5 - Superior half

A12 - Slice 5 - Inferior half

A13 - Slice 6 - Superior half

A14- Slice 6 - Inferior half

A15 & A16 - Posterior radial margin

Specimen II labelled "right level III" consists of fibrofatty tissue measuring 3x2x0.6cm. 4 lymph node identified

largest measuring 2cm in greatest dimension. Entire specimen submitted in cassettes B1 to B3.

Specimen III labelled "Right level II A" consists of 2 fibrofatty tissue aggregate measuring 2x2x1.5cm. One

lymph node identified measuring 1.3cm in greatest dimension. Entire specimen submitted in cassettes C1 & C2.

Specimen IV labelled "Right level IIB "consists of single fibrofatty tissue measuring 1.5x1x0.5cm. No lymph

nodes identified. Entire specimen submitted in cassette D.

Specimen V labelled "left level IA and IB" consists of fibrofatty tissue measuring 5x5x2cm.Cut section salivary

gland identified.One lymph node identified measuring 0.6cm in greatest dimension. Representative sections

submitted in cassettes E1 & E2.

Specimen VI labelled "Level IV right" consists of fibrofatty tissue measuring 2x2x1cm. No lymph node

identified. Entire specimen submitted in cassettes F1 & F2.

Specimen VII labelled"Level V right" consists of fibofatty tissue measuring 5x3x1cm. Largest lymph node

measuring 2cm in greatest dimension. Entire specimen submitted in cassettes G1 to G4.

Specimen VIII labelled"Additional floor of mouth mucosal margin" consists of single grey white tissue bit

measuring 0.8x0.1x0.1cm. Entire specimen submitted in cassette H

Specimen IX labelled "Additional posterior floor of mouth mucosal margin " consists of a single mucosa covered

tissue bit measuring 1x0.2x0.3cm. Entire specimen submitted in cassette J.

(Dr. Merin/mm)

**Microscopic Description :**

A. Section from tongue shows a ulceroproliferative lesion arising from mucosal epithelium. Tumour is arranged

in nests, cords and lobules. Individual cells are polygonal with abundant eosinophilic cytoplasm. round to oval

vesicular nucleus with prominent nucleoli. Moderate intratumoral and peritumoral inflammatory infiltrate seen.

No LVE /PNI seen.

B. Right level III - 13 reactive lymph nodes

C. Right level IIA - 9 reactive lymph nodes

D. Right level IIb - 6 reactive lymph nodes

E. Left level IA and Ib - 3 reactive lymph nodes

F. Level IV right - 2 reactive lymph nodes

G. Level V right - 13 reactive lymph nodes

H. Additional floor of mucosal margin - free of tumour.

J. Additional posterior floor of mouth - free of tumour

**Impression :**

WLE right tongue and lymph node dissection + additional margin :

- Moderately differentiated squamous cell carcinoma, lateral border of tongue

- Site - Right tongue

- Tumour size -1.8x1.5x0.5cm.

- Tumour depth - 0.5cm

- WPOI - pattern 4 (score 1)

- LHR - Dense (score 0)

- LVE - Absent

- Risk stratification - intermediate

- All mucosal and deep soft tissue margins are free of tumour ( anterior -1.2 cm,posterior - 0.5 cm,superior and

inferior - 0.8 cm,deep - 1.1 cm)

-Additional margins taken are also free of tumour

-All sampled lymph nodes show reactive changes only. (0/46)

Stage - pT1N0

**RADIOLOGY REPORT**

**Created Date:** 29/05/2019

**Study Done:**

**ULTRASOUND NECK**

Right lobe of thyroid measures 16x17x35mm.

Shows 7x8mm colloid nodule .

Isthmus measures 3mm.

Left lobe measuring a 15x17x37mm .

No significant cervical lymphadenopathy .

**Impression:**

• **No significant cervical lymphadenopathy .**

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| **Date of Admission :**17/12/2018 | **Date of Procedure :**18/12/2018 |

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| **Date of Discharge :**23/12/2018 |

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

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| **DIAGNOSIS :** |
| Carcinoma right tongue cT1N2bM0(Final HPR Awaited) |

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| **PROCEDURE DONE :** |
| Right tongue WLE + Right SND under ga on 18.12.18. |

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| **HISTORY :** |
| Referred by DR Binu (PVS hospital) 45 year old lady house wife hailing from kaloor came with complaints of non healing ulcer right lateral border of tongue since 1 month has difficulty in chewing no other complaints no known co morbidities Biopsy (nov 2018) -PVS hospital -MDSCC .She came here for further management. |

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| **PERSONAL HISTORY :** |
| No h/o DM/ HTN/ TB/DLP/Asthma/ Seizures/Thyroid disorder/ CAD/CVA/COPD No h/o Previous blood transfusions Good Effort Tolerance No Recent fever/cough Normal Bowel and bladder habits Not habituated to alcohol or smoking |

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| **CLINICAL EXAMINATION :** |
| On Examination: KPS-90 2x2.5 cm ulceroprolifeartive growth noted on right lateral surface of tongue anteriorly 3 cm frm tip of tongue not involving FOM not crossing midline. tongue movts adequate neck -NO LNE scopy-NAD |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| This patient was admitted here for surgery. All relevant blood investigations were sent. After relevant PAC evaluations she was taken up for Right tongue WLE + Right SND under ga on 18.12.18. She tolerated the procedure well. Postoperatively she was shifted to ICU for observation and later on she was shifted to ward. Post operative period was essentially normal with no major issues. She is being discharged with an advice to follow up here. At the time of discharge, she is stable and comfortable with a healthy wound and is advised to be on regular follow up.Drains removed on POD5 .She was started on oral liquid diet and advanced to soft diet RT removed on POD- 4 Conditions at discharge: GC Fair,Vitals stable ,Drains removed |

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| **OPERATIVE FINDINGS :** |
| Surgery: Right tongue WLE + Right SND under ga on 18.12.18. Surgeons: Dr SI/ Dr DB, Dr Nagesh Awake fiber-optic nasotracheal intubation done and patient was taken under ga with sterile and aseptic precautions. Patient positioned, cleaned and draped. Wide Local Excision: Bite block inserted on left side. betadine wash given. 2x2cm ulcerative lesion involving the right lateral border tongue. FOM/BOT/tip of the tongue free from growth . Taking adequate margins wide local excision done. Hemostasis achieved. Wound was left as such for secondary healing. Right Selective neck dissection(I to V): Skin crease incision made. Subplatysmal flaps elevated superiorily till angle of mandible, inferiorly till clavicle. Ipsilateral and contralateral anterior belly of digastric muscle defined. Fibrofatty tissue from the level-1a taken and sent for hpe. Facial artery and common facial vein identified and ligated. Significant 1x1cm peri-facial lymph nodes and level-1b fibrofatty tissue along with submandibular gland removed in toto and sent for hpe. External jugular vein identified and preserved. Sternomastoid retracted laterally ijv, carotids and spinal accessory nerves preserved. Level-2a,2b,3(2X1cm), 4 and 5(1x1cm) fibrofatty tissue removed and sent for hpe separately. Hemostasis acheived. Valsalva given to check bleeding ? no active bleeding seen. 14# romovac drain secured. Wound closed in layers. |

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| **PROGNOSIS ON DISCHARGE :** |
| Good |

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| **WHEN TO OBTAIN URGENT CARE:** |
| -In case of bleeding -In case of infection /High grade fever |

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| **DIET RECOMMENDATIONS :** |
| Soft blend diet |

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| **PHYSICAL ACTIVITY :** |
| As tolerated |

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| **DISCHARGE MEDICATION :** |
| \*All current medication have been reviewed and reconciled into the medication list. Tab Dolo 650mg 1-0-1 X 5days Tab Pan 40mg 1-0-0 X 5days Chlorhexidine mouth gargles 1-1-1-1 and after every meals SYP.ASCORIL D PLUS 10ml 1-1-1 X 5 days T.ZOLFRESH 5mg 0-0-1 X 5 days SYP LOOZ 15ml 0-0-1 X 5 days nasoclear nose drops 3 drops in both nostrils 1-1-1 X 5 days  **Tumour Board Discussion**  **Date of tumor board discussion :** 05/12/2018  **Relevant clinical details :**  45 year old lady  house wife  hailing from kaloor  came with complaints of non healing ulcer right lateral border of tongue since 1 month  has difficulty in chewing  no other complaints  no known co morbidities  Biopsy (nov 2018) -PVS hospital -MDSCC  o/e  KPS-90  2x2.5 cm ulceroprolifeartive growth noted on right lateral surface of tongue  anteriorly 3 cm frm tip of tongue  not involving FOM  not crossing midline.  tongue movts adequate  neck -NO LNE  scopy-NAD  **Comments:**  Ca tongue cT1/T2N0Mx  **Histology (include histology done / reviewed elsewhere) :**  incision biopsy (PVS hospital)22/11/18 -MDSCC  **Agreed Plan of management :**  MRI head and neck with contrast  Tentative plan:  WLE+ND right side under ga.  12.12.18;  Radiology seen dr Sandhya madam  Lesion is very small.  No bone involvement  Significant lymph nodes at level-II AND V.  Plan:  wle + Right Neck dissection (Level-I to V clearance)  **Histopatholgy Tumour Board Discussion**  **Histology (include histology done / reviewed elsewhere) :**  WLE right tongue and lymph node dissection + additional margin :  - Moderately differentiated squamous cell carcinoma, lateral border of tongue  - Site - Right tongue  - Tumour size -1.8x1.5x0.5cm.  - Tumour depth - 0.5cm-  All mucosal and deep soft tissue margins are free of tumour  ( anterior -1.2 cm,posterior - 0.5 cm,superior and inferior - 0.8 cm,deep - 1.1 cm)  -Additional margins taken are also free of tumour  -All sampled lymph nodes show reactive changes only.  (0/46) Stage - pT1N0  **Agreed Plan of management :**  observaton  MRD  **Progress Notes**  **Date : 03/12/2018**  **ProgressNotes :**  45 year old lady  house wife  hailing from kaloor  came with complaints of non healing ulcer right lateral border of tongue since 1 month  has difficulty in chewing  no other complaints  no known co morbidities  Biopsy (nov 2018) -PVS hospital -MDSCC  o/e  KPS-90  2x2 cm ulceroprolifeartive growth noted on right lateral surface of tongue  anteriorly 3 cm frm tip of tongue  not involving FOM  not crossing midline.  tongue movts adequate  neck -NO LNE  scopy-NAD  plan  WLE+ND right side  MRI head and neck with contrast  PAC |

**Operative Notes**

**Date : 18/12/2018**

**ProgressNotes :**

Diagnosis:

Carcinoma right tongue cT1N2bM0

Surgery:

Right tongue WLE + Right SND under ga on 18.12.18.

Awake fiber-optic nasotracheal intubation done and patient was taken under ga with sterile and aseptic

precautions.

Patient postioned, cleaned and drapped.

Wide Local Excision:

Bite block inserted on left side.

betadine wash given.

2x2cm ulcerative lesion involving the right lateral border tongue. FOM/BOT/tip of the tongue free from

growth .

Taking adequate margins wide local excision done.

Hemostasis acheived.

Wound was left as such for secondary healing.

Right Selective neck dissection(I to V):

Skin crease incision made.

Subplatysmal flaps elevated superiorly till angle of mandible, inferiorly till clavicle.

Ipsilateral and contralateral anterior belly of digastric muscle defined.

Fibrofatty tissue from the level-1a taken and sent for hpe.

Facial artery and common facial vein identified and ligated.

Significant 1x1cm peri-facial lymph nodes and level-1b fibrofatty tissue along with submandibular gland

removed in toto and sent for hpe.

External jugular vein identified and preserved.

Sternomastoid retracted laterally ijv, carotids and spinal accessory nerves preserved.

Level-2a,2b,3(2X1cm), 4 and 5(1x1cm) fibrofatty tissue removed and sent for hpe seperately.

Hemostasis acheived.

Valsalva given to check bleeding no active bleeding seen.

14# romovac drain secured.

Wound closed in layers.

**Progress Notes**

**Date : 06/11/2019**

**ProgressNotes :**

k/c/o ca tongue

PROCEDURE DONE : Right tongue WLE + Right SND under ga on 18.12.18.

Histology : WLE right tongue and lymph node dissection + additional margin : - Moderately differentiated

squamous cell carcinoma, lateral border of tongue - Site - Right tongue - Tumour size -1.8x1.5x0.5cm. -

Tumour depth - 0.5cm- All mucosal and deep soft tissue margins are free of tumour ( anterior -1.2 cm,posterior

- 0.5 cm,superior and inferior - 0.8 cm,deep - 1.1 cm) -Additional margins taken are also free of tumour -All

sampled lymph nodes show reactive changes only. (0/46)

Stage - pT1N0

Agreed Plan of management : observation

o/e : Wound healing edema + on right SM area

adv :

Neck Massaging

Observation

r/a 2 months

**Progress Notes**

**Date : 14/11/2022**

**ProgressNotes :**

ca tongue

s/p Right tongue WLE + Right SND under ga on 18.12.18.

LAST VISIT O/E- Diffuse enlargement of parotid B/L more on right , soft in consistency , mobile , overlying

skin normal Facial normal No palpable LNP OC-normal

FOR FOLLW UP

L/R NAD

mild tender spot on left tongue ?dental trauma

Adv: - R/W after 6 months /SOS

dental consult