|  |
| --- |
| **CYTOLOGY REPORT** |

|  |
| --- |
|  |
|  |
| |  |  | | --- | --- | | **Collection Date :**  06/05/2011 | **Collection Time :**  1.15 pm | |
|  |
| |  |  | | --- | --- | | **Received Date :**  06/05/2011 | **Received Time :**  2.30 pm | |
|  |
| |  | | --- | |  | |
|  |

|  |
| --- |
| **Clinical Impression :**  Case of carcinoma tongue |
|  |

|  |
| --- |
| **Sample Description :**  Received for cytological examination are 5 smears stated to be "FNAC from cervical lymphnode" |
|  |
| |  | | --- | |  | |
|  |
| |  | | --- | |  | |
|  |

|  |
| --- |
| **Microscopic Description :**  Smears are extremely paucicellular and show mainly blood with a few anucleate squames. No atypical cells seen. |
|  |

|  |
| --- |
| **Impression :**  FNA cervical lymphnode : Paucicellular. |
|  |

|  |
| --- |
| **Comment :**  Advised repeat. |

|  |
| --- |
| **SURGICAL PATHOLOGY REPORT** |

|  |  |  |
| --- | --- | --- |
| |  |  | | --- | --- | | **Date of sample collection :**  18/04/2011 |  | |
|  |
| |  | | --- | | **Received on :**  18/04/2011 | |
|  |
| |  |  | | --- | --- | |  | **Reported Date :**  20/04/2011 | |

|  |  |  |
| --- | --- | --- |
| |  | | --- | | **Clinical Impression :**  Infiltrating lesion right lateral border of tongue | |  | |
|  |

|  |  |  |
| --- | --- | --- |
| |  | | --- | | **Gross Description :**  Received in formalin is a specimen labelled "Biopsy Right Lateral Border of Tongue", consists of multiple grey white tissue bits in aggregate measuring 1x1x0.3cm. Entire specimen submitted in one cassette. | |  | |
|  |

|  |  |  |
| --- | --- | --- |
| |  | | --- | | **Microscopic Description :**  Sections show fragments of tissue lined by acanthotic stratified squamous epithelium with focal dysplasia and an infiltrating neoplasm composed of cells arranged in nests. Cells are polygonal with moderate cytoplasm, pleomorphic vesicular nuclei, prominent nucleoli. Foci of dyskeratosis, keratin pearl formation and mitoses noted. Underlying stroma shows mixed inflammatory cell infiltrate and muscle tissue. | |  | |
|  |

|  |  |  |
| --- | --- | --- |
| |  | | --- | |  | |  | |
|  |

|  |  |
| --- | --- |
| |  | | --- | | **Impression :**  Biopsy Right lateral border of tongue - Moderately differentiated Squamous cell carcinoma. | |

**Impression :**

**ULTRASOUND OF NECK**

*Case of growth over the right side of tongue, status post FNAC.*

Few enlarged round lymph nodes (5 on right side and 3 on left side ) noted in both sides of the neck (level II and III )with loss of central fatty hilum. No evidence of calcification / matting of lymph nodes.

Thyroid gland, parotid and submandibular gland appears normal. No focal nodules.

Vascular structures appears normal.

**IMPRESSION**

      **Bilateral level II and III cervical lymphnodes with loss of central fatty hilum- significant.**

***Correlate clinically.***

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 18/05/2011

**Received on :** 18/05/2011

**Reported Date :** 21/05/2011

**Clinical Impression :**

Case of Carcinoma (L) tongue

**Gross Description :**

Received in formalin are 17 specimens. The I specimen labelled as "main specimen", consists of portion of

tongue measures 5x2.8x2.5cm. Right lateral aspect shows an ulcerative lesion measures 1.4x1.1x1.4cm. It is

situated 1.5cm away from anterior mucosal margin, 1.3cm away from medial mucosal margin, 1.5cm away from

posterior mucosal margin, 1cm away from infero lateral mucosal margin, 0.8cm away from inferior soft tissue

margin, 1.5cm away from medial soft tissue margin. Representative sections are submitted as follows:

A1 - Anterior mucosal margin

A2 - Infero lateral mucosal margin

A3 - Posterior mucosal margin

A4 - Medial mucosal margin

A5 - Deep (medial) soft tissue margin

A6 - Inferior soft tissue margin with lesion

A7 - A9 - From lesion

Specimen II labelled as "Additional lateral (floor of mouth) margin consists of single grey brown tissue measures

1.5x0.5x0.5cm. Entire specimen submitted in cassette B.

Specimen III labelled as "Additional Deep soft tissue margin", consists of single grey brown soft tissue measures

1.5x1x0.5cm. Entire specimen submitted in cassette C.

Specimen IV labelled as "Additional anterior mucosal margin", consists of single grey brown tissue measures

1.7x0.5x0.3cm. Entire specimen submitted in cassette D.

Specimen V labelled as "Additional Posterior mucosal margin", consists of single grey brown tissue measures

0.8x0.5x0.3cm. Entire specimen submitted in cassette E.

Specimen VI labelled as "Aditional dorsal (medial) mucosal margin consists of single grey brown tissue

measures 1.5x0.5x0.3cm. Entire specimen submitted in cassette F.

Specimen VII labelled as "left level Ia", consists of single fibrofatty tissue measures 5.5x2.5x1.5cm. 4

lymphnodes identified, largest one measures 0.4cm in maximum diemnsion. Cut section grey brown.

Representative sections are submitted in cassette G.

Specimen VIII labelled as "Left level Ib", consists of single grey brown tissue measures 4x3.5x1.5cm. Cut

section is grey brown with lobulation. No lymphnodes identified. representative sections are submitted in H1 &

H2 cassettes.

Specimen IX labelled as "Level IIa", consists of single fibrofatty tissue measures 3.5x2x1.3cm. 7 lymphnodes

identified, largest one measures 1.5cm in maximum dimension. Cut section grey brown. Representative sections

are submitted in J1 & J2 cassettes.

Specimen X labelled as "left level II b", consists of single fibrofatty tissue measures 2x1.5x0.5cm. ? 2

lymphnodes identified, larger one measures 0.7cm. Cut section grey brown. Representative sections are

submitted in cassette K.

Specimen XI labelled as "Left level III", consists of single fibrofatty tissue measures 2.5x1.5x0.8cm. 3

lymphnodes identified, largest one measures 0.9 cm in maximum dimension. Cut section grey brown.

Representative sections are submitted in cassette L.

Specimen XII labelled as "Left prefacial lymphnode", consists of single fibrofatty tissue measures 1.5x1x0.5cm.

2 lymphnodes identified, larger one measures 1cm in maximum dimension. Cut section grey brown.

Representative sections are submitted in cassette M.

Specimen XIII labelled as "Right Level Ib", consists of single grey brown tissue measures 4.5x3x2cm. Cut

section grey brown with lobulation, no lymphnodes identified. Representative sections are submitted in N1-N2

cassettes.

Specimen XIV labelled as "Right level IIa", consists of single fibrofatty tissue measures 4x2.5x1cm. 6

lymphnodes identified, largest one measures 2cm in maximum dimension. Cut section grey brown.

Representative sections are submitted in P1-P2 cassettes.

Specimen XV labelled as "Right level IIb", consists of single fibrofatty tissue measures 2.5x1.5x0.5cm. 3

lymphnodes identified, largest one measures 0.3cm in maximum diemension. Cut section grey brown.

Representative sections are submitted in cassette Q.

Specimen XVI labelled as " Right level III", consists of single fibrofatty tissue measures 8.5x2.5x0.5cm. 6

lymphnodes identified, largest one measures 1cm in maximum dimension. Cut section grey brown.

Representative sections are submitted in R1-R2 cassettes.

Specimen XVII labelled as "Right level IV", consists of single fibrofatty tissue measures 2x1.5x0.5cm. 4

lymphnodes identified, largest one measures 0.5cm in maximum dimension. Representative sections are

submitted in cassette S.

**Microscopy and Impression :**

A - F ) WLE tongue, additional lateral margin, additional deep, inferior mucosal, posterior mucosal, dorsal

mucosal margins.

- Well differentiated squamous cell carcinoma, tongue

- Tumor measures 1.4x1.1cm

- Microscopic depth of tumor is 1.4cm

- Perineural invasion noted

- No vascular emboli seen

- Inferior margin is closest at a distance of 0.9cm microscopically

- Additional lateral, deep, anterior, posterior and dorsal mucosal margins are free of tumor.

G) Left level Ia lymphnode - One reactive lymphnode (0/1)

H) Left level Ib lymphnode - Show only salivary gland

J) Left level IIa - Seven reactive nodes (0/7)

K) Left level IIb - Three lymphnodes, all reactive (0/3)

L) Left level III - Three reactive lymphnodes (0/3)

M) Left prefacial lymphnode - Two reactive nodes (0/2)

N) Right level Ib - Show salivary tissue

P) Right level IIa - One out of seven nodes positive with perinodal spread; measures 1.3cm in greatest dimension

(1/7)

Q) Right level IIb - Four reactive node (0/4)

R) Right level III - One out of seven nodes, positive. No perinodal spread appreciated

S) Right level IV - Three reactive nodes (0/3)

pT1N1MX

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

**Date :** 25/05/2011 **Created Time :** 11:21:03

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

**original document.**

**ADDENDUM :**

In view of presence of metastasis in level IIa and level III,pTNM to be taken as pT1N2Mx

|  |  |
| --- | --- |
| **Date of Admission :**16/05/2011 | **Date of Procedure :**17/05/2011 |

|  |
| --- |
| **Date of Discharge :**26/05/2011 |

|  |
| --- |
|  |

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

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

|  |
| --- |
| **PROCEDURE DONE :** |
| Wide local excision +neck dissection + lateral arm flap reconstruction under GA on 17-05-2011. |

|  |
| --- |
| **HISTORY :** |
| 42 year old male Mr. Faisal presented to Head and Neck OPD with complaints of painful ulcer over the right side of tongue for seven months,gradually increasing in size. Biopsy done outside(8/4/11) which showed fibroepithelial polyp. Came here for further management |

|  |
| --- |
| **PAST HISTORY :** |
| k/c/o HTN on treatment |

|  |
| --- |
| **CLINICAL EXAMINATION :** |
| Examination revealed about 3\*2 cms ulceroproliferative growth over the right lateral border of tongue(2nd premolar-2 nd molar) with indurated base of tongue deviation/restricted mobility floow of mouth and adjacent sites appear free. There is no palpable lymphnodes |

**INVESTIGATIONS :**

**Haemogram:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** | **Hb: g/dl** | **PCV: %** | **PLT: ku/ml** | **TC: ku/ml** | **DC: N %** | **L: %** | **E: %** | **ESR: mm/1st hr** |
| 17/05/2011 | 11.9 | 33.7 | 242.0 | 15.0 | 88.1 | 6.06 | 0.026 | - |
| 18/05/2011 | 10.7 | 32.2 | 217.0 | 12.9 | 84.6 | 9.39 | 0.0 | - |
| 19/05/2011 | 10.0 | 29.2 | 200.0 | 13.4 | 81.5 | 11.6 | 0.336 | - |

**Liver Function Test:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
| 18/05/2011 | - | - | - | - | - | - | 3.17 | - |

**Renal Function Test and Serum Electrolytes:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date:** | **Urea: mg/dl** | **Creatinine: mg/dl** | **Na+: mEq/L** | **K+: mEq/L** |
| 18/05/2011 | - | - | 136.9 | 3.89 |

Date: 19/05/2011

|  |  |
| --- | --- |
| RBC-COUNT-Blood : 3.46 M/uL | MCV-Blood : 84.3 fL |

|  |  |
| --- | --- |
| MCH-Blood : 28.9 pg | MCHC-Blood : 34.2 g/dl |

|  |  |
| --- | --- |
| RDW-Blood : 13.5 % | MPV-Blood : 8.41 fL |

|  |  |
| --- | --- |
| MONO -Blood : 6.1 % | BASO-Blood : 0.426 % |

Date: 18/05/2011

|  |  |
| --- | --- |
| RBC-COUNT-Blood : 3.7 M/uL | MCV-Blood : 87.1 fL |

|  |  |
| --- | --- |
| MCH-Blood : 29.0 pg | MCHC-Blood : 33.3 g/dl |

|  |  |
| --- | --- |
| RDW-Blood : 14.2 % | MPV-Blood : 7.77 fL |

|  |  |
| --- | --- |
| MONO -Blood : 5.64 % | BASO-Blood : 0.36 % |

Date: 17/05/2011

|  |  |
| --- | --- |
| RBC-COUNT-Blood : 3.93 M/uL | MCV-Blood : 85.6 fL |

|  |  |
| --- | --- |
| MCH-Blood : 30.2 pg | MCHC-Blood : 35.3 g/dl |

|  |  |
| --- | --- |
| RDW-Blood : 14.1 % | MPV-Blood : 6.2 fL |

|  |  |
| --- | --- |
| MONO -Blood : 5.61 % | BASO-Blood : 0.258 % |

|  |  |
| --- | --- |
| Compatibility test; cross match complete (3 tests) : Compatible |  |

|  |
| --- |
|  |
| ULTRASOUND OF NECK Date : 20/4/2011 IMPRESSION Bilateral level II and III cervical lymphnodes with loss of central fatty hilum- significant. Surgical Pathology Report Service :Histopath-Excision biopsy (small) Received on :18/04/2011 Reported Date :20/04/2011 Histology Lab No :S11-4129 Impression : Biopsy Right lateral border of tongue - Moderately differentiated Squamous cell carcinoma. |

|  |
| --- |
| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| The patient was evaluated. USG neck was done on 20-04-2011, which showed bilateral level II and III cervical lymphnodes with loss of central fatty hilum. Biopsy was done on 20-04-2011, showed moderately differentiated Squamous cell carcinoma. His case was discussed in Head and Neck tumour board and it was decided to treat him with surgery. He underwent Wide local excision +neck dissection + lateral arm flap reconstruction under GA on 17-05-2011. Postoperative period was uneventful. Tracheostomy tube was decannulated on the fourth postoperative day. On the seventh postopeartive day she was started on oral fluids and Ryles tube removed at the time of discharge. Condition at discharge: Stable,afebrile, all sutures and Ryles tube removed at the time of discharge. |

|  |
| --- |
| **DISCHARGE MEDICATION :** |
| Tab . Pan 20 mg 1-0-1 X 3 days. Tab . Dolo 650 mg SOS (5) Tab . Losar 50 mg 1-0-0 to be continued. Hexidine mouthwash 4 th hourly  **Progress Notes**  **Date : 16/04/2011**  **ProgressNotes :**  h/o painful ulcer over the right side of tongue -7 months,gradually increasing in size  c/o adjacent lying toothache and right ear pain  biopsy done outside(8/4/11)-fibroepithelial polyp  k/c/o HTN on treatment  ex smoker-stopped 4 yrs back  o/e  3\*2 cms ulceroproliferative growth over the right lateral border of tongue(2nd premolar-2 nd molar) with  indurated base  no tongue deviation/restricted mobility  floow of mouth and adjacent sites appear free  no lymphadenopathy  adv:  repeat biopsy  USG neck  Review  **Progress Notes**  **Date : 05/09/2011**  **ProgressNotes :**  Case of Ca. Tongue post op  planned for CRt in view of perinodal disease  seen by Dr.Anoop  now first post op visit  no complaints  o/e- oral cavity - flap healed well  neck nad  donor site nad  patient has some financial and family issues with radiation here  wishes to take it in Trichur  now RT over in July 2011  primary and neck-NED  flap good  articulation fair  wants to go back to Qatar for work  adv  reassured and to be on periodic f/u  **PROGRESS NOTE**  **Progress Notes**  **Date : 21/11/2022**  **ProgressNotes :**  K/C/O ca tongue  S/P Wide local excision +neck dissection + lateral arm flap reconstruction under GA on 17-05-2011.  s/p RT at outside hospital  o/elocoregional  - nad  adv  r/a 1 year  tab renerve plus od x 2 month |