**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 14/02/2020

**Received on :** 14/02/2020

**Reported Date :** 19/02/2020

**Clinical Impression :**

Case of carcinoma tongue with nodal mets

**Gross Description :**

Received in formalin are 23 specimens.

The Ist specimen labelled "Tongue "consists of subtotal glossectomy specimen having whole of tongue with

underlying floor of mouth soft tissue mucosa and a small portion of salivary gland tissue seen over the left lateral

aspect.An irregular greyish brown to white lesion is seen along the right lateral border of tongue extending along

the full length.The inferior soft tissue /raw surface is inked.The specimen whole measuring 9x5.5x6cm.The

tongue is sliced into serial sections. The cut surface shows a pearly white lesion with areas of haemorrhage.The

lesion is measuring 3.5x7x2.5cm. The maximum depth of the lesion is 5.5cm.The lesion is seen to extend

inferiorly into the underlying soft tissue is seen to protrude out through the inferior deep inked soft tissue. The

lesion is seen to cross the mid line and also inferiorly into the left lateral soft tissue.The closest distance of the

lesion from left lateral soft tissue is 0.5cm. The lesion is 2.5cm from left lateral mucosal margin (floor of mouth

and tongue) and 0.6cm from tip of tongue.Lesion seems to abut the right lateral and posterior mucosal

margin.Representative sections are submitted as follows:

A1-Sections from tip of tongue (radial)

A2 - Lesion with posterior mucosal margin (radial)

A3 -Lesion with closest left lateral inked soft tissue margin

A4 to A7-Lesion with maximum depth

A8 - Right lateral (flloor of mouth) mucosal margin shaved

A9- Right lateral distal soft tissue margin shaved

A10 - Left lateral (tongue) mucosal margin (radial)

A11- Anterior (floor of mouth) mucosal margin shaved

A12- Anterior soft tissue margin shaved

A13- Posterior mucosal and soft tissue margin

A14 & A15 -Sections from salivary gland tissue

A16-Section from lesion proper.

A17-Sections from area of tumour protrusion from the deep inferior soft tissue.

Specimen II labelled"level I A lymph node" consists of fibrofatty tissue measuring 4.5x3.5x1cm.5 lymph nodes

identified, largest measuring 1cm , smallest measuring 0.3cm. Entire specimen submitted in cassettes B1 to B4.

Specimen III labelled "Right level IIA" consists of 2 nodular fibrofatty tissue measuring 4.5x3.5x1cm.2 lymph

nodes identified measuring 0.5cm in greatest dimension.Representative sections are submitted in cassettes C1 to

C5.

Specimen IV labelled "Right level II b" consists of 2 nodular fibrofatty tissue measuring 3x2x1cm.1 lymph node

identified measuring 1cm in greatest dimension. Entire specimen submitted in cassettes D1 to D3.

Specimen V labelled "Left level Ib " consists of nodular fibrofatty tissue measuring 4x2.5x2cm. 2 lymph nodes

identified. Salivary gland identified. Representative sections are submitted in cassettes E1 to E4.

Specimen VI labelled "Right level IV"consists of nodular fibrofatty tissue measuring 3x1.5x1cm. 2 lymph

nodes identified measuring 0.5cm in greatest dimension.Entire specimen submitted in cassettes F1to F4.

Specimen VII labelled " Right level III" consists of nodular fibrofatty tissue measuring 3x2x1cm.? 1lymphnode

identified. Entire specimen submitted in cassettes G1 to G4.

Specimen VIII labelled " Right prefacial node " consists of single nodular fibrofatty tissue measuring 2x1x1cm.

1 lymph node identified and bisected. Entire specimen submitted in cassette H.

Specimen IX labelled " Right level Ib " consists of nodular fibrofatty tissue, salivary gland tissue measuring

4x3x2cm. One lymph node identified. Representative sections are submitted in cassettes J1 to J3.

Specimen X labelled"Left level IV"consists of fibrofatty tissue measuring 3x3x0.5cm.No lymph nodes

identified.Representative sections are submitted in cassettes K1 to K3.

Specimen XI labelled " Tissue adjacent to right hyoid cornu" consists of fibrofatty tissue with attached bone

measuring 4x4.5x1cm. representative sections submitted as follows

L1-L10- fibrofatty tissue attached to hyoid bone

FB1-3- hyoid bone

Specimen XII labelled "Left EJV node" consists of single node measuring 0.6cm in greatest dimension.Entire

specimen submitted in cassette M.

Specimen XIII labelled "Left anterior belly of digrastic muscle?consists of muscle tissue measuring 2x2x1cm.

Entire specimen submitted in cassette N.

Specimen XIV labelled "Dissected right IJV" consists of lymph node measuring 2.5x0.6cm. Entire specimen

submitted in cassette P.

MRD No:2163819 Name:Mr. BINU T. B.

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Specimen XV labelled"Right laryngeal margin preepiglottic space"consists of tiny grey white tissue bit

measuring 1x0.5x0.5cm.Entire specimen submitted in cassette Q.

Specimen XVI labelled"Right anterior belly of digastric " consists of muscle tissue measuring 4x2x1.5cm.Entire

specimen submitted in cassettes R1 to R5.

Specimen XVII labelled "Additional tissue right RMT" consists of grey white tissue bit measuring 1.5x1x1cm.

Entire specimen submitted in cassette S.

Specimen XVIII labelled " Right soft tissue palate margin" consists of grey white tissue bit measuring

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

Specimen XIX labelled "Right RMT margin" consists of grey white tissue bit measuring 1x1x0.5cm. Entire

specimen submitted in cassette U.

Specimen XX labelled "Left level III lymph node" consists of 2 nodular fibrofatty tissue measuring 2x2.5x1cm.

1 lymph node identified.Entire specimen submitted in cassettes V1& V2

Specimen XXI labelled "Tissue adjacent to ECA" consists of nodular grey white tissue measuring1.5x1x1cm.

Entire specimen submitted in cassette W.

Specimen XXII labelled "Left level IIA" consists of 2 nodular fibrofatty tissue measuring 3.5x2x1cm.One lymph

node identified measuring 0.6cm in greatest dimension.Entire specimen submitted in cassettes T1 to T3.

Specimen XXIII "Left level II b" consists of single nodular tissue measuring 2x1.2x1cm.Entire specimen

submitted in cassette Y.

**Microscopic Description :**

A.Sections from tongue shows an infiltrating neoplasm arising from right lateral border.Tumour is invading in

large sheets, lobules , nests, cords and interlacing trabeculae. Intervening stroma shows variable degree of

desmoplasia with sprinkling of inflammatory cells . Interface shows sparse inflammation.No PNI /LVE

seen.Neoplastic cells in many areas show abundant clear cytoplasm.Cells are moderately to well differentiated

with areas showing keratinisation and focal keratin pearls.

B. Level IA lymph node - 1/6 nodes shows metastasis with ENE.

C. Right level II A- 2/9 nodes shows tumour with ENE in one of them

D. Right level II B - 2/2 nodes show tumour. Deposit measuring 1.3cm.No ENE seen.

E. Left level I B -3 nodes and salivary gland - free of tumour

F. Right level IV -1/3 nodes show tumour with ENE.

G. Right level III -2/4 nodes shows tumour with ENE in one of them.

H. Right prefacial node -Single node -free of tumour.

J. Right level I b - Single node and salivary gland -free of tumour

K. Left level IV-2 nodes-free of tumour

L.Tissue adjacent right hyoid cornua-free of tumor

M. Left EJV nodes -Single node -Free of tumour

N. Left anterior belly of digastric -Free of tumour

P- Right IJV -Free of tumour

Q. Left laryngeal margin, preepiglottic space -Free of tumour

R. Right anterior belly of digastric -free of tumour

S.Additional tissue right RMT-Free of tumour

T.Right soft palate margin -Free of tumour

U-Right RMT margin-Free of tumour

V. Left level III lymph node-Single node shows tumour. No ENE

W. Tissue adjacent to ECA -Shows fibromuscular tissue with tumour infilration.

X.Left level II A-2/3 nodes shows tumour. No ENE seen.

Y. Left level II B - Single node free of tumour.

**Impression :**

Subtotal glossectomy +bilateral lymph node dissection and additional tissue :

- Moderately differentiated squamous cell carcinoma with clear cell features, right lateral border of tongue.

-Tumour measures 7.5x7x3.5cm.

-DOI -5.5 cm

-WPOI - Pattern 4 (score 1)

-LHR score -3

-PNI /LVE-Absent

-Risk group - High

-Margins-Inferior soft tissue margin is involved by the tumour. All other mucosal and soft tissue margins are free

of tumour.

-Tissue adjacent to right hyoid cornu -free of tumor

- Right and left anterior bellies of digastric muscle -Free of tumour

- Additional tissue from right RMT -Free of tumour

- Additional margins -Right soft palate margin, right RMT margin ,right laryngeal margin and preepiglottic

space are free of tumour.

Lymph nodes - 11/37 nodes show metastasis (level I , right level II A, right level IIb, right level IV, right level

III,left level III, left level IIA)

- Tissue adjacent to ECA shows tumour infiltration.

- IJV - Free of tumour.

AJCC stage pT4N3b.

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| **Date of Admission :**12/02/2020 | **Date of Procedure :**13/02/2020 |

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| **Date of Discharge :**28/02/2020 |

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

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

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| **PROCEDURE DONE :** |
| WLE for Ca Tongue ( Subtotal glossectomy) with Bilateral ND ( Right MRND + Left SND I-IV) + reconstruction with Left ALT flap with Tracheostomy under GA on 13.02.2020 Visor approach PEG insertion on 24/02/2020 |

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| **HISTORY :** |
| 46 year old gentleman, residing at Kannur, salesman by occupation, growth over the right tongue since 2 months, painful intolerance to spicy foods+, odynophagia and dysphagia + and no h/o neck swellings DM since 10 years, on OHA. Now presented to us for further management. |

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| **MEDICINE ON ADMISSION :** |
| Tab Metformin 500mg 1-0-0 |

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| **PERSONAL HISTORY :** |
| T2DM for 12 yrs on Glycomet GP No h/o HTN, DLP, CAD, CVA, Asthma, seizure disorders, thyroid dysfunction recent history of fever/cough + Was on Antibiotics Good effort tolerance Normal bladder and bowel habits |

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| **CLINICAL EXAMINATION :** |
| On Examination : KPS 90 mouth opening adequate fully dentate e/o 5x3 cm UPG over the right lateral border of the tongue, firm, tender, 1.5 cm from the tip, crossing the midline, extending to BOT, extending to involve FOM & TLS Neck: 1x1cm swelling in right Level Ib + |

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| Biopsy: MDSCC CT Chest: no lung metastases MRI HN (21.01.2020): well defined 46x24x34 mm mass involving right lateral tongue crossing midline for a distance of 3 mm, involving genioglossus, geniohyoid, myelohyoid posteriorly upto right tonsillar groove. no evident bony erosion or involvement of base of tongue. |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| The patient got admitted with the above mentioned complaints. Relevant investigations were done. He then underwent the procedure WLE for Ca Tongue ( Subtotal glossectomy) with Bilateral ND ( Right MRND + Left SND I-IV) + reconstruction with Left ALT flap with Tracheostomy under GA on 13.02.2020 Visor approach. His post-operative period was uneventful with no major issues . His drains were removed on POD 5. All sutures and clips were removed by POD 12. On POD 11, he underwent PEG insertion. He was decannulated on POD 14 and tolerated well. Now he is being discharged with the following advises. At the time of discharge : Stable, afebrile, PEG tube insitu |

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| **OPERATIVE FINDINGS :** |
| Diagnosis- CA Tongue Procedure- WLE for Ca Tongue ( Subtotal glossectomy) with Bilateral ND ( Right MRND + Left SND I-IV) + reconstruction with Left ALT flap with Tracheostomy under GA on 13.02.2020 Visor approach Findings- the UP growth with induration was found to be crossing the midline requiring a resection with margins almost the entire tongue sparing the left BOT region only The disease intra-operatively was found to be reaching and involving the hyoid grossly. Right sided level II and III nodes were hard multiple and fixed, the IJV was involved with disease and hence an MRND was done on the right side Patient under GA parts were painted and draped Cervical skin crease incision taken at the level of thyroid notch extending bilaterally Subplatysmal flaps were elevated upto the level of mandible above The Level IA nodes with fibrofatty tissue was cleared Bilateral Level IB with submandibular gland was cleared preserving the facial vessels on either sides Right level II and III multiple hard fixed nodes were present, The nodes with fibrofatty tissue and the IJV was removed Right Level IV nodes with fibrofatty tissue was cleared SAN, Carotids were preserved Left Level II, II and IV nodes with fibrofatty tissue was cleared preserving the SAN, IJV and Carotids The anterior belly of digastric was released from its attachment to the mandible Mylohyoid muscle was release followed by the geniohyoid and genioglossus muscles from their attachment at the lower and upper genoid tubercle respectively The FOM was entered by releasing the muscosal attachment from the lingual side of the mandible and the tongue was pulled through into the neck in toto Grossly the disease was found to be involving the right side of the tongue crossing the midline to the left side Left BOT was free of disease and with adequate margins sub total glossectomy leaving behind the left BOT was done Inferiorly the disease was found to be involving thehyoid on the left side hence part of the right hyoid cornu ws excised with the specimen Large conglomerate of nodes and mass lateral to the thyroif cartilage on the right side was sent separately Bilaterally no 14 romovac drains were placed The defect consisted of a near total glossectomy, with the entire FOM and soft tissue upto the level of hyoid. Left Large ALT flap was harvested Inset was done in two layers the musculofascial part of the flap was used to reconstruct the FOM muscles and the vallecular region The skin with the remaining muscle layers were used to provide bulk of the tongue and a second layer of FOM Anastomosis was done on the right side with the facial artery and EJV Incision closed in layers RECONSTRUCTION NOTE Procedure-ALT free flap cover under GA on 13/2/2020 Position- Supine Under aseptic precautions, parta painted and draped Left thigh ALT free flap harvest: Skin paddle: 15x6cm. Markings done. Perforator identified with the hand held doppler and skin paddle of above dimension marked around it. Medial incision was given and extended distally as well as proximally. Rectus femoris was muscle identified as a bipennate muscle. The dissection was continued in subfascial plane from medial to lateral till the intermuscular septum between rectus femoris and vastus lateralis. 2 musculocutaneous perforator was identified. Dissection proceeded along the intramuscular septum to identify the pedicle, descending branch of lateral circumflex femoral artery and the intermuscular perforator entering the muscle. The perforator was dissected along with a portion of muscle around it. The pedicle was dissected till the main vessel, clipping and dividing all the branches. Posterior cut was given and the flap was delivered by dividing the pedicle. Donor site closed primarily using 2-0 vicryl and stapler after achieving haemostasis and placing the drain. Inset done and anastomosis done to facial artery and external jugular vein(end to side) using 9-0 nylon in right side of neck. Hypoglossal nerve was coapted to motor branch of nerve harvested with ALT flap using 9-0 nylon. Closure done in layers using 3-0 vicryl and 4-0 nylon after placing glove drain and drain no.14 bilaterally.Post procedure flap was bleeding well. |

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| **ADVICE ON DISCHARGE :** |
| Keep the wound dry and clean Oral care PEG tube care |

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| **WHEN TO OBTAIN URGENT CARE:** |
| In case of infection / bleeding / pus discharge |

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| **DIET RECOMMENDATIONS :** |
| PEG feeds @ 100cc/hr |

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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 1-0-1-0 x 5 days and sos for pain Tab Ultracet 1tab 0-1-0-1 x 5 days Tab Pan 40mg 1-0-0 x 5 days Syp. Dexorange 10ml PEG OD x 15 days Tab Glycomet GP 1tab 1-0-0 x to continue |

**HEAD AND NECK - TUMOUR BOARD**

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|  | **TB Date:**  05/02/2020 |
|  | **Tumour Type:** Primary |
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| |  |  | | --- | --- | | **CT:**  CT Chest: no lung metastases | **MRI:**  MRI HN (21.01.2020): well defined 46x24x34 mm mass involving right lateral tongue crossing midline for a distance of 3 mm, involving genioglossus, geniohyoid, myelohyoid posteriorly upto right tonsillar groove. no evident bony erosion or involvement of base of tongue. | |  |  | |  |  | | | |
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| |  |  | | --- | --- | | **Primary:**  Biopsy: MDSCC |  | | | |
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| **Descriptive Plan:**  WLE + B/L ND + STF 12.02.2020: coming for admission today |  |
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**Progress Notes**

**Date : 03/02/2020**

**ProgressNotes :**

46 year old gentleman, residing at Kannur, salesman by occupation,

growth over the right tongue since 2 months, painful

intolerance to spicy foods+

odynophagia and dysphagia +

no h/o neck swellings

DM since 10 years, on OHA

T+ since 20 years

occasional A +

o/e:

KPS 90

mouth opening adequate

fully dentate

e/o 5x3 cm UPG over the right lateral border of the tongue, firm, tender, 1.5 cm from the tip, crossing the

midline, extending to BOT, extending to involve FOM & TLS

Neck: 1x1cm swelling in right Level Ib +

Biopsy: MDSCC

CT Chest: no lung metastases

MRI HN (21.01.2020): well defined 46x24x34 mm mass involving right lateral tongue crossing midline for a

distance of 3 mm, involving genioglossus, geniohyoid, myelohyoid posteriorly upto right tonsillar groove. no

evident bony erosion or involvement of base of tongue.

**Ressection Notes**

**Date : 17/02/2020**

**ProgressNotes :**

Diagnosis- CA Tongue

Procedure- WLE for Ca Tongue ( Subtotal glossectomy) with Bilateral ND ( Right MRND + Left SND I-IV)

+ reconstruction with Left ALT flap with Tracheostomy under GA on 13.02.2020

Visor approach

Findings- the UP growth with induration was found to be crossing the midline requiring a resection with

margins almost the entire tongue sparing the left BOT region only

The disease intra-operatively was found to be reaching and involving the hyoid grossly. Right sided level II

and III nodes were hard multiple and fixed, the IJV was involved with disease and hence an MRND was done

on the right side

Patient under GA

parts were painted and draped

Cervical skin crease incision taken at the level of thyroid notch extending bilaterally

Subplatysmal flaps were elevated upto the level of mandible above

The Level IA nodes with fibrofatty tissue was cleared

Bilateral Level IB with submandibular gland was cleared preserving the facial vessels on either sides

Right level II and III multiple hard fixed nodes were present,

The nodes with fibrofatty tissue and the IJV was removed

Right Level IV nodes with fibrofatty tissue was cleared

SAN, Carotids were preserved

Left Level II, II and IV nodes with fibrofatty tissue was cleared preserving the SAN, IJV and Carotids

The anterior belly of digastric was released from its attachment to the mandible

Mylohyoid muscle was release followed by the geniohyoid and genioglossus muscles from their attachment at

the lower and upper genoid tubercle respectively

The FOM was entered by releasing the muscosal attachment from the lingual side of the mandible and the

tongue was pulled through into the neck in toto

Grossly the disease was found to be involving the right side of the tongue crossing the midline to the left side

Left BOT was free of disease and with adequate margins sub total glossectomy leaving behind the left BOT

was done

Inferiorly the disease was found to be involving thehyoid on the left side hence part of the right hyoid cornu ws

excised with the specimen

Large conglomerate of nodes and mass lateral to the thyroif cartilage on the right side was sent separately

Bilaterally no 14 romovac drains were placed

The defect consisted of a near total glossectomy, with the entire FOM and soft tissue upto the level of hyoid.

Left Large ALT flap was harvested

Inset was done in two layers

the musculofascial part of the flap was used to reconstruct the FOM muscles and the vallecular region

The skin with the remaining muscle layers were used to provide bulk of the tongue and a second layer of FOM

Anastomosis was done on the right side with the facial artery and EJV.Incision closed in layers

**restruction notes**

**Date : 13/02/2020**

**ProgressNotes :**

Diagnosis: Carcinoma tongue

Procedure-ALT free flap cover under GA on 13/2/2020

Position- Supine

Under aseptic precautions, parta painted and draped

Left thigh ALT free flap harvest: Skin paddle: 15x6cm. Markings done. Perforator identified with the hand

held doppler and skin paddle of above dimension marked around it. Medial incision was given and extended

distally as well as proximally. Rectus femoris was muscle identified as a bipennate muscle. The dissection was

continued in subfascial plane from medial to lateral till the intermuscular septum between rectus femoris and

vastus lateralis. 2 musculocutaneous perforator was identified. Dissection proceeded along the intramuscular

septum to identify the pedicle, descending branch of lateral circumflex femoral artery and the intermuscular

perforator entering the muscle. The perforator was dissected along with a portion of muscle around it. The

pedicle was dissected till the main vessel, clipping and dividing all the branches. Posterior cut was given and

the flap was delivered by dividing the pedicle. Donor site closed primarily using 2-0 vicryl and stapler after

achieving haemostasis and placing the drain.

Inset done and anastomosis done to facial artery and external jugular vein(end to side) using 9-0 nylon in right

side of neck. Hypoglossal nerve was coapted to motor branch of nerve harvested with ALT flap using 9-0

nylon. Closure done in layers using 3-0 vicryl and 4-0 nylon after placing glove drain and drain no.14

bilaterally.Post procedure flap was bleeding well

**Progress Notes**

**Date : 28/03/2020**

**ProgressNotes :**

DIAGNOSIS : Carcinoma tongue

PROCEDURE DONE : WLE for Ca Tongue ( Subtotal glossectomy) with Bilateral ND ( Right MRND + Left

SND I-IV) + reconstruction with Left ALT flap with Tracheostomy under GA on 13.02.2020 Visor approach

PEG insertion on 24/02/2020

HPER: Subtotal glossectomy +bilateral lymph node dissection and additional tissue : - Moderately

differentiated squamous cell carcinoma with clear cell features, right lateral border of tongue. -Tumour

measures 7.5x7x3.5cm. -DOI -5.5 cm -WPOI - Pattern 4 (score 1) -LHR score -3 -PNI /LVE-Absent -Risk

group - High -Margins-Inferior soft tissue margin is involved by the tumour. All other mucosal and soft tissue

margins are free of tumour. -Tissue adjacent to right hyoid cornu -free of tumor - Right and left anterior bellies

of digastric muscle -Free of tumour - Additional tissue from right RMT -Free of tumour - Additional margins

-Right soft palate margin, right RMT margin ,right laryngeal margin and preepiglottic space are free of tumour.

Lymph nodes - 11/37 nodes show metastasis (level I , right level II A, right level IIb, right level IV, right level

III,left level III, left level IIA) - Tissue adjacent to ECA shows tumour infiltration. - IJV - Free of tumour.

AJCC stage pT4N3b.

Agreed Plan of management : CTRT

c/o nausea

o/e: L/R: NED

PEG in situ

c/s/b Dr. SI Sir:

patient wasnted to take adjRx at MCC but because of the Covid lock down has come back to AIMS

refer to (Radiation oncology) for adj RT

Dental consultation

**1st Rad Onco Visit**

**Date : 28/03/2020**

**ProgressNotes :**

Carcinoma Right Tongue

cT4aN2cM0

S/P WLE ( Subtotal glossectomy) with Bilateral ND ( Right MRND + Left

SND I-IV) + reconstruction with Left ALT flap with Tracheostomy under GA on 13.02.2020

PEG insertion on 24/02/2020

HPER:MDSCC with clear cell features, right lateral border of tongue.

pT4 (7.5x7x3.5cm /DOI : 5.5 cm )N3b (11/37 : level I ,Rt II A , IIb, IV, III Lt III, IIA)

Margins-Inferior soft tissue margin +ve

Tissue adjacent to ECA shows tumour infiltration.

MDTB Agreed Plan of management : CTRT

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Post Surgery 6 weeks now

PRE OP FINDINGS

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On Examination :

KPS 90 mouth opening adequate fully dentate

e/o 5x3 cm UPG over the right lateral border of the tongue, firm, tender, 1.5 cm from the tip, crossing the

midline, extending to BOT, extending to involve FOM & TLS

Neck: 1x1cm swelling in right Level Ib +

Biopsy: MDSCC

CT Chest: no lung metastases

MRI HN (21.01.2020): well defined 46x24x34 mm mass involving right lateral tongue crossing midline for a

distance of 3 mm, involving genioglossus, geniohyoid, myelohyoid posteriorly upto right tonsillar groove. no

evident bony erosion or involvement of base of tongue.

On/e:

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- PS 1

- Vitals stable

- OC: Trismus 2 fingers

Increased thick secretions , halitosis

Dental extractions done during surgery

Flap bulky

- Neck : Edema mild +

PEG tube in situ

Plan

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CT sim 31/03/20

RT start 07/04/20

VMAT vs TOMO vs 3D options given

Creat on day of sim

Shave beard

CD taken

Med onco consult

Dental clearance done