|  |  |
| --- | --- |
|  |  |
| **Date of Discharge :**28/01/2017 | | |

|  |
| --- |
|  |

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

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

|  |
| --- |
| **PROCEDURE DONE :** |
| WLE of Tongue (Mandibulotomy approach) + Left RND + RIGHT SND + ALT Flap + SSG + Tstomy under GA on 19/1/17 |

|  |
| --- |
| **HISTORY :** |
| Patient presented with complaints of lesion over left side of tongue since 1 month associated with pain since 3 weeks. patient has difficulty in swallowing and is on liquid and blend diet. no h/o loss of weight. history of tobacco chewing and smoking present. no co morbidities. Biopsy which was taken on OPD came as Moderately differentiated squamous cell carcinoma. He is now being admitted for further management. |

|  |
| --- |
| **CLINICAL EXAMINATION :** |
| GC fair Vitals stable o/e: KPS - 90 oral cavity: ulcero infiltrating lesion seen involving left post 1/3 of oral tongue with induration extending to BO(5mm) medially upto midline postero laterally upto TL sulcus . FOM free. Tongue protrusion restricted . mouth opening good. neck : left level I B ln hard 1x1cm noted. scopy: lesion seen extending up to base of tongue. other areas are normal. |

|  |
| --- |
|  |
| CE MRI HN (outside)- Shows 34X25X15MM heterogenously enhancing lesion extending to BOT, RMT, FOM, sublingual gland. left lateral petrygoid is involved. b/l LEVEL II A/B, IB. CT Chest - Bilateral upper lobe shows centrilobular nodules with tree in bud appearance. No other focal nodules. Left lung superobasal segment shows a millimetric nodule - too small to characterize. OGD on 19/1/17 for PEG: Endoscopy performed intra operative. Scope passed upto D2. Visualised mucosa normal. After confirming transilluminances, under strict aseptic precautions, under GA, A 24 gauge cook PEG tube placed. Procedure uneventful. |

|  |
| --- |
| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| Patient presented with the above mentioned complaints. After all pre operative investigations and PAC. He was taken up for WLE of Tongue (Mandibulotomy approach) + Left RND + RIGHT SND + ALT Flap + SSG + Tstomy under GA. Peri operative and post operative period was uneventful. He was decanulated on 4th post op day. At the time of discharge his vitals are stable and is being discharge on PEG feeds. |

|  |
| --- |
| **OPERATIVE FINDINGS :** |
| Surgery: WLE of Tongue (Mandibulotomy approach) + Left RND + RIGHT SND + ALT Flap + SSG + Tstomy under GA Findings: 4x3x2 cm indurated ulcerative lesion involving left lateral border tongue and floor of mouth, posteriorly involving left base of tongue. Left high level II 3x 3cm node was found involving IJV ,SCM, & spinal nerve. multiple nodes in left level IB,II,III,IV Procedure: under GA with nasotracheal intubation. midline lip split incision was kept. Left paramedian mandibulotomy was done between canine and incisor. wide local excision , near total glossectomy was done preserving cuff of left floor mouth and base tongue. medial pterygoid was free. Left high level II node was found involving IJV ,SCM, & spinal nerve. Left RND was done with removal of sCM, IJV and spinal nerve. Right SND (i-IV) was done. vessles were preserved for microanastomosis. ALT myofasciocutaneous flap 8x 6 cm with vastus muscle raised. flap inset done. remaining ALT skin was deepithalised and tucked in medial to mandible. micro vascular anastomosis done with right facial artery and branch to IJV. mandibulotomy was closed with two non recon plates and 10/8 mm screws. the muscle was tucked over carotid as a cover. Neck skin was closed in two layers . ALT site closed with small SSG. Tstomy was done with double lumen tstomy 8.0 . flap perfusion confirmed.pt shifted to ICU. |

|  |
| --- |
| **DIET RECOMMENDATIONS :** |
| PEG feeds 2.5-3L . high protein and high calorie diet. |

|  |
| --- |
| **DISCHARGE MEDICATION :** |
| Tab Dolo 650mg 1-1-1 x 5 days Tab PAN 40mg 1-0-0 x 5 days Chlorhex mouth gargle 5ml Thrice daily x 1 week. |

|  |  |
| --- | --- |
| |  | | --- | | **Date of tumor board discussion :**  11/01/2017 | |
|  |
|  |
|  |

|  |  |  |
| --- | --- | --- |
| |  | | --- | | **Relevant clinical details :**  h/o lesion over left side of tongue since 1 month associated with pain since 3 weeks. patient has difficulty in swallowing and is on liquid and blend diet. no h/o loss of wieght. h/o TC++ S ++. no co morbidities. o/e: KPS - 90 oral cavity: ulcero infiltrating lesion seen involving left post 1/3 of oral tongue with induration extending to BO(5mm) medially upto midline postero laterally upto TL sulcus . FOM free. Tongue protrusion restrcited . mouth opening good. neck : left level I B ln hard 1x1cm noted. scopy: lesion seen extending uotpo base of tongue. other raeas are normal. impression : Ca Tongue T3 N2C | |  | |

**Other relevant investigations (including metastatic workup) :**

CE MRI HN (outside)- Shows 34X25X15MM heterogenously enhancing lesion extending to BOT, RMT, FOM, sublingual gland. left lateral petrygoid is involved. b/l LEVEL II A/B, IB. CT Chest - Bilateral upper lobe shows centrilobular nodules with tree in bud appearance. No other focal nodules. Left lung superobasal segment shows a millimetric nodule - too small to characterize.

**Agreed Plan of management :**

WLE + ITF Clearance + B/L SND + STF + PEG insertion + adjuvant therapy

Radiology reports

|  |  |  |
| --- | --- | --- |
| |  | | --- | | 06/01/2017 | |  | |
|  |
| |  | | --- | | **Study Done:**  **CT CHEST PLAIN**    ***Clinical Information: No clinical details available.***  Bilateral upper lobe shows centrilobular nodules with tree in bud appearance. No other focal nodules.  Left lung superobasal segment shows a millimetric nodule - too small to characterize.  No pleural effusion or thickening.  Mediastinal structures are normal.  Few subcentimetric upper paratracheal and lower paratracheal nodes noted.  No focal lesions in visualized liver.  Bones are normal. | |  | |
|  |
| |  | | --- | | **Impression:**   * **Centrilobular nodules with tree in bud appearance in bilatral upper lobes could represent infective etiology.** * **Millimetric nodule in left lung as described - Too tiny to characterize - Needs short term follow up.** | |

Ot notes

Surgery: WLE of Tongue (Mandibulotomy approach) + Left RND + RIGHT SND + ALT Flap + SSG + Tstomy under GA

Findings: 4x3x2 cm indurated ulcerative lesion involving left lateral border tongue and floor of mouth, posteriorly involving left base of tongue. Left high level II 3x 3cm node was found involving IJV ,SCM, & spinal nerve. multiple nodes in left level IB,II,III,IV

Procedure: under GA with nasotracheal intubation. midline lip split incision was kept. Left paramedian mandibulotomy was done between canine and incisor. wide local excision , near total glossectomy was done preserving cuff of left floor mouth and base tongue. medial pterygoid was free. Left high level II node was found involving IJV ,SCM, & spinal nerve. Left RND was done with removal of sCM, IJV and spinal nerve. Right SND (i-IV) was done. vessles were preserved for microanastomosis. ALT myofasciocutaneous flap 8x 6 cm with vastus muscle raised. flap inset done. remaining ALT skin was deepithalised and tucked in medial to mandible. micro vascular anastomosis done with right facial artery and branch to IJV. mandibulotomy was closed with two non recon plates and 10/8 mm screws. the muscle was tucked over carotid as a cover. Neck skin was closed in two layers . ALT site closed with small SSG. Tstomy was done with double lumen tstomy 8.0 . flap perfusion confirmed.pt shifted to ICU.

HPE

Near total glossectomy with left RND and right SND:

- Squamous cell carcinoma, moderately differentiated

- Tumour dimensions - 10x3x4cm.

- Depth of invasion - 4 cm

- Invasive front - Non -cohesive

- Perineural invasion - present (extensive)

- Vascular invasion - absent

Margin clearance :

- All margins are free except medial deep inked margin which appear close .However, additional deep margin

and additional posterior margin (tonsil) are free

Medial deep inked margin -0.1 cm (additional margin taken is free of tumor)

Inferior deep inked margin - 0.7 cm

Lateral posterior soft tissue margin - 0.8cm

Anterior tip of tongue -2.2cm

Posterior soft tissue margin - 1.5cm

Posterior mucosal margin -3.5cm

Lingual tonsil margin - 1.8cm

Medial (posterior) mucosal margin - 2.5cm.

- Dysplasia at margins- Absent

Lymph nodes :

Level I A - 2 reactive lymph nodes - Free of tumour.

Right level IB - 3 reactive lymph nodes and salivary gland - free of tumour

right level II A- 3 reactive lymph nodes - Free of tumour

Right level IIB - 5 reactive lymph nodes - free of tumour

Right level III - 9 reactive lymph nodes - free of tumour

Right level IV- 2 reactive lymph nodes -free of tumour

Left level IB - 2 reactive lymph nodes and salivary gland - free of tumour

Left level IV and V - 1/6 nodes show metastasis, no perinodal spread seen

Left level II, III,V - 2/9 lymph nodes show macrometastasis , ECS noted.

Largest metastatic focus - 0.6cm

|  |
| --- |
| 13/02/2017 |

|  |
| --- |
| **ProgressNotes :** |
| Ca Tongue T3 N2C S/P WLE (lower lip midline splt mandibulotomy approach with ITF Clearance) + B/L SND + STF + PEG insertion. on 19/1/17 HPE: Squamous cell carcinoma, moderately differentiated pT4N2b Ct sim date- 13/2/17 RT start date- 20/2/17 |