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| **RADIOLOGY REPORT** |

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| |  | | --- | | **Created Date:**  20/02/2021 | |  | |
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| |  | | --- | | **Study Done:**  **MRI HEAD AND NECK (PLAIN & CONTRAST)**  **Clinical information:** Case of carcinoma right lateral border of tongue.  An enhancing  lesion showing diffusion restriction measuring (AP x TR x CC) 3.1 x 3.8 x 3.5cm is seen involving the right lateral border of  anterior,  middle and posterior third of oral tongue, crossing the midline extending into the tonsilo-lingual groove posteriorly and into the sublingual space inferiorly. Base of tongue is free. Mylohyoid muscle is intact Few subcentimetric bilateral level IB and   level II  node, largest measuring 9 x 7 mm. Pharynx and larynx  appear normal.   Bilateral parotid and submandibular  salivary glands are normal. Carotid and IJV appear normal. Thyroid  gland appear normal. Bones show normal signal. | |  | |
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| |  | | --- | | **Impression:**   * Enhancing  lesion seen involving the right anterior, middle and posterior third of oral tongue crossing the midline medially, extending into the  tonsilo-lingual groove posteriorly and into the sublingual space inferiorly. * Suspicious bilateral level IB and level II  node. | |

**Radiology Report**

**Created Date:** 20/02/2021

**Study Done:**

MDCT CHEST(PLAIN)

*Clinical information: Carcinoma tongue, to rule out metastasis*

No lung metastasis.

Tiny fissure nodule in right middle lobe , too small to characterise.Paraseptal emphysematous changes seen in bilateral

upper lobes and bilateral lower lobes.

Centrilobular emphysematous changes seen in bilateral upper lobes of lungs.

No significant mediastinal nodes.

Few subcentimetric bilateral axillary nodes seen.

No focal lesion in liver, spleen and adrenals in plain study.

No metastatic lesion in ribs and spine.

No pleural effusion

**Impression:**

• No lung metastasis.No significant mediastinal nodes.

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 05/03/2021

**Received on :** 05/03/2021

**Reported Date :** 09/03/2021

**Clinical Impression :**

Carcinoma tongue right lateral border of tongue

**Gross Description :**

Received in formalin are 12 specimens.

The Ist specimen labelled " Total glossectomy" consists of same whole measuring 9x8x5cm. The tongue shows

an ulcerative infiltrative lesion on the right lateral border measuring 4(SI)x4(AP)x3.1(DOI)cm.The lesion crosses

the midline on anterior aspect 4cm from the tip of tongue.The cut surface of the lesion is grey white, firm with

haemorrhagic areas. The tumour shows broad invasion in anterior part and sharp invasion in posterior part.The

lesion is seen to infiltrate the right salivary gland with isolated tumor nodule, 6mm in greatest dimension.

The distance of tumour from anterior tip of tongue -3.5cm,posterior soft tissue and base of tongue is -2mm, right

lateral border of tongue -6mm (where it crosses the midline), inferior inked margin is - 3mm

Representative sections are submitted as follows :

A1-Anterior tip of tongue (shaved)

A2-Tumour with lateral border (left lateral border)

A3- left lateral soft tissue margin

A4-Posterior soft tissue margin (radial, closest 2mm with tumour )

A5-Right lateral soft tissue margin

A6- inferior /inked soft tissue margin

A7-Tumour abutting /infiltrating salivary gland (right)

A8- Isolated tumour deposit in salivary gland (Right)

A9- Tumour closest to inferior inked margin (radial section ) (3mmm grossly)

A10,11 -U invasive front

A12,A13- V invasive front

A14 - Lobulated invasive front with few small tumour nests

A15- Tumour proper.

Specimen II labelled "Right level I B "consists of single nodular tissue bit measuring 4.3x3x1.5cm. Salivary

gland tissue identified.No lymph nodes identified. Representative sections are submitted in cassettes B1 to B4.

Specimen III labelled "Right level II A" consists of 2 nodular tissue bits. One measuring 3x2x1cm.Another

measuring 1.5x1x2cm.One lymph node identified measuring 2x1.4x0.8cm. Entire specimen submitted in

cassettes C1 to C5.

Specimen IV labelled "Right level II B" consists of single nodular tissue measuring 2x1.5x0.5cm.Entire

specimen submitted in cassettes D1 to D5.

Specimen V labelled "Right level III"consists of single nodular tissue measuring 2x1.2x0.6cm. 2 lymph nodes

identified,one measuring 1.5x1x0.5cm. Another 1cm in greatest dimension. Entire specimen submitted in

cassettes E1 to E3.

Specimen VI labelled "Right level IV" consists of single nodular tissue bit measuring 2.5x1.5x0.5cm.One lymph

node identified measuring 1.5x1x0.1cm. Entire specimen submitted in cassettes F1 to F3.

Specimen VII labelled "Left level II A" consists of single nodular tissue measuring 3.5x3x1cm.2 lymph nodes

identified measuring 2x1.5x0.5cm.Other measuring 0.9cm in greatest dimension. Representative sections are

submitted in cassettes G1 to G3.

Specimen VIII labelled "Left level I B"consists of single nodulartissue measuring 5x3x1.4cm.Salivary gland

tissue identified. Grossly 2 lymph nodes identified. One measuring 1.2x0.9x0.5cm. Another measuring 0.9cm in

greatest dimension.Representative sections are submitted in cassettes H1 to H3.

Specimen IX labelled "Left level II B " consists of single nodular tissue measuring 1.5x1.5x0.4cm. Entire

specimen submitted in cassette J1 & J2.

Specimen X labelled "Left level III"consists of single nodular tissue measuring 3x2x1cm. One lymph node

identified measuring 2x0.9x0.4cm.Sections submitted in cassettes K1 to K4.

Specimen XI labelled "Left level IV" consists of single nodular tissue measuring 1.5x1.5x1cm. Entire specimen

submitted in cassettes L1 & L2.

Specimen XII labelled "Level I A" consists of single nodular tissue bit measuring 3x1.5x0.9cm. Entire specimen

submitted in cassettes M1 & M2.

(Dr.Anjali/mm)

**Microscopic Description :**

A) Multiple sections studied from the lesion show mucosal ulceration and infiltrating neoplasm arising from it

in the form of sheets, nests and cords and small clusters with cells in the clusters being less than 15. Tumour

cells have moderate eosinophilic cytoplasm, round to ovoid vesicular nuclei and many showing small nucleoli.

Frequent parakeratoic pearls and intracytoplasmic keratin seen. Abscess formation is noted in multiple foci.

Stromal tumour interface show patchy lymphocytic infiltration. Underlying muscle is infiltrated by the

neoplasm. At places, salivary gland is infiltrated by tumour (A14). Multiple perineural and intramural invasion is

noted (small and large nerves). No lymphovascular invasion noted.

Depth of invasion - 3.1cm (grossly)

WPOI -4 ,score 1

LHR -Score 1

PNI -Score 3(large nerve)

Margins

All mucosal and soft tissue margins are free of tumour except posterior soft tissue margin which appears close,

2mm away.

B) Right level I B -Show unremarkable seromucinous salivary glands. No tumour seen.

C) Right level II A -One out of 5 lymph nodes seen show metastatic tumour deposits, deposit size is 1cm with no

extranodal extension. (1/5)

D) Right level II B- 4 reactive lymph nodes seen (0/4)

E) Right level II -Unremarkable fibrofatty tissue

F) Right level IV- 4 reactive lymph nodes seen. No tumour seen (0/4)

G) Left level II A-Two reactive lymph nodes seen.No tumour seen (0/2)

H) Left level I B - One out of two lymph nodes show metastatic deposit, deposit size is 4-5mm with no

extranodal extension, along with unremarkable seromucinous salivary glands (1/2)

J) Left level II B -5 reactive lymph nodes seen (0/5)

K) Left level III -4 reactive lymph nodes sen (0/4)

L) Left level IV - One reactive lymph node seen (0/1)

M) Level IA - 3 reactive lymph nodes seen (0/3)

**Impression :**

Total Glossectomy with selective bilateral LND :

- Moderately differentiated squamous cell carcinoma, conventional type.

- Tumour size - 4x4x3.1cm

- Depth of invasion -3.1cm

- Extensive PNI seen.

- Lymphovascular invasion not seen

- Depth of invasion - 3.1cm (grossly)

- WPOI -4 ,score 1

- LHR -Score 1

- PNI -Score 3(large nerve)

- High risk of recurrence (risk score -5)

- Metastatic lymph nodes seen at the level of Right level II A and Left level I B (2/30).

- All mucosal and soft tissue margins are free of tumour except posterior soft tissue margin which appears close

and is 2mm away.

pTNM staging (AJCC) - pT3N2c.

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| **Date of Admission :**03/03/2021 | **Date of Procedure :**04/03/2021 |

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| **Date of Discharge :**15/03/2021 |

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

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| **DIAGNOSIS :** |
| Carcinoma Tongue cT4aN2cM0 |

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| **PROCEDURE DONE :** |
| Near total glossectomy (Visor incision- pull through approach)+ Bilateral selective neck dissection (I-IV)+ Transverse Upper Gracilis Flap + Tracheostomy under GA on 04.03.2021 (Head and Neck Major Resection +Neck Dissection+ Reconstruction for cancer defect Grade II ) |

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| **DRUG ALLERGIES :** Not known |

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| **HISTORY :** |
| 53 year old gentleman, resident of Ernakulam h/o pain over the tongue since 9 months, increasing in severity h/o ulcer noted over right tongue 4 months ago no oral bleed Came here for further management |

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| **PAST HISTORY :** |
| not DM/HTN |

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| **PERSONAL HISTORY :** |
| normal bowel and bladder |

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| **FAMILY HISTORY :** |
| nil |

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| **CLINICAL EXAMINATION :** |
| On examination GC fair Vitals stable KPS 80 mouth opening adequate 48 missing poor oral hygiene 4x3cm ulcer over right lateral border of tongue, extending to FOM, posteriorly reaching BOT, medially reaching midline. no palpable nodes |

**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** |
| 05/03/2021 | 10.2 | 31.2 | 230 | 16.32 | 93.7 | 2.4 | 0.1 | - |
| 06/03/2021 | 9.3 | 27.5 | 186 | 19.90 | 88.1 | 4.8 | 0.9 | - |
| 07/03/2021 | 9.0 | 26.6 | 196 | 21.53 | 89.1 | 4.3 | 0.5 | - |
| 08/03/2021 | 9.2 | 26.2 | 234 | 15.64 | 84.1 | 6.0 | 2.5 | - |

**Renal Function Test and Serum Electrolytes:**

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| **Date:** | **Urea: mg/dl** | **Creatinine: mg/dl** | **Na+: mEq/L** | **K+: mEq/L** |
| 04/03/2021 | - | - | 139.4 | 3.5 |
| 05/03/2021 | 16.1 | 0.47 | 137.1 | 3.8 |

Date: 08/03/2021

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| RBC-COUNT-Blood : 2.71 M/uL | MCV-Blood : 96.7 fL |

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| MCH-Blood : 33.9 pg | MCHC-Blood : 35.1 g/dl |

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| RDW-Blood : 13.2 % | MPV-Blood : 11.0 fL |

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| MONO -Blood : 7.2 % | BASO-Blood : 0.2 % |

Date: 07/03/2021

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| RBC-COUNT-Blood : 2.62 M/uL | MCV-Blood : 101.5 fL |

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| MCH-Blood : 34.4 pg | MCHC-Blood : 33.8 g/dl |

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| RDW-Blood : 13.4 % | MPV-Blood : 11.1 fL |

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| MONO -Blood : 5.6 % | BASO-Blood : 0.5 % |

Date: 06/03/2021

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| RBC-COUNT-Blood : 2.72 M/uL | MCV-Blood : 101.1 fL |

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| MCH-Blood : 34.2 pg | MCHC-Blood : 33.8 g/dl |

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| RDW-Blood : 13.4 % | MPV-Blood : 11.3 fL |

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| MONO -Blood : 5.8 % | BASO-Blood : 0.4 % |

Date: 05/03/2021

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

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| RBC-COUNT-Blood : 3.09 M/uL | MCV-Blood : 101.2 fL |

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| MCH-Blood : 33.0 pg | MCHC-Blood : 32.6 g/dl |

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| RDW-Blood : 12.2 % | MPV-Blood : 10.2 fL |

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| MONO -Blood : 3.6 % | BASO-Blood : 0.2 % |

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| PT[Prothrombin Time with INR]-Plasma : 14.70/14.0/1.06 sec | RBC-COUNT-Blood : 3.62 M/uL |

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| MCV-Blood : 101.2 fL | MCH-Blood : 32.0 pg |

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| MCHC-Blood : 31.6 g/dl | RDW-Blood : 12.6 % |

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| MPV-Blood : 10.1 fL | MONO -Blood : 3.8 % |

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| BASO-Blood : 0.1 % |  |

Date: 04/03/2021

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| Blood typing; ABO and RhD : O Rh D Positive | PT[Prothrombin Time with INR]-Plasma : 12.70/14.0/0.89 sec |

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| HBs Ag Test - Emergency Screen : 0.23 : Non reactive | Anti HCV - Emergency Screen : 0.05 : Non reactive |

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| HIV - Emergency Screen(P24 Ag and HIV 1 and 2 Ab) : 0.13 : Non reactive |  |

Date: 03/03/2021

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

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| MRI HEAD AND NECK (PLAIN & CONTRAST) Clinical information: Case of carcinoma right lateral border of tongue. An enhancing lesion showing diffusion restriction measuring (AP x TR x CC) 3.1 x 3.8 x 3.5cm is seen involving the right lateral border of anterior, middle and posterior third of oral tongue, crossing the midline extending into the tonsilo-lingual groove posteriorly and into the sublingual space inferiorly. Base of tongue is free. Mylohyoid muscle is intact Few subcentimetric bilateral level IB and level II node, largest measuring 9 x 7 mm. Pharynx and larynx appear normal. Bilateral parotid and submandibular salivary glands are normal. Carotid and IJV appear normal. Thyroid gland appear normal. Bones show normal signal. Impression: Enhancing lesion seen involving the right anterior, middle and posterior third of oral tongue crossing the midline medially, extending into the tonsilo-lingual groove posteriorly and into the sublingual space inferiorly. Suspicious bilateral level IB and level II node. |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| The patient got admitted with above mentioned complaints. All relevant investigations were done. Underwent Near total glossectomy (Visor incision- pull through approach)+ Bilateral selective neck dissection (I-IV)+ Transverse Upper Gracilis Flap + Tracheostomy under GA on 04.03.2021. Intra and post operative period was uneventful with no major issues. Drain was removed on POD 3 . tracheostomy tube was change to metal tube on POD 8 . Clips were removed on POD 9. The patient is being discharged with following advice At the time of discharge the patient was afebrile and stable TT in situ RT in situ |

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| **OPERATIVE FINDINGS :** |
| Diagnosis: Carcinoma Tongue cT4aN0M0 Procedure: Near total glossectomy (Visor incision- pull through approach)+ Bilateral selective neck dissection (I-IV)+ Transverse Upper Gracilis Flap + Tracheostomy under GA on 04.03.2021 Findings: 4x3cm ulcerative lesion left lateral border tongue 1cm from tip, reaching till Base tongue, medially induration crossing midline, inferiorly involving floor of mouth. Wide local excision done including, tongue, floor of mouth leaving left base of tongue. centimetric suspicious nodes noted bilateral levels Ib, II. Fibrofatty clearance done from level I-IV bilaterally. IJV, SCM, SAN preserved bilaterally. Procedure: Resection : Neck dissection : Clearance of level 1a done. Right marginal mandibular nerve identified and dissected. Submandibular triangle clearance done after identifying facial vessels. Facial vessels dissected out from submandibular gland and preserved. Medial end of SCM identified and muscle separated exposing internal jugular vein. In level 2 spinal accessory nerve identified and separated. Level two B cleared. Next level two, three and four cleared of lymph nodes and fibro fatty tissue. Hemostasis secured after Valsalva maneuver. Glove drain placed on the right, suction drain on left. Wound closed in two layers after reconstruction done Transverse Upper Gracilis Flap under GA -Parts painted and drapped -Marking done -Line connecting pubic tubercle and medial condyle of tibia; 2cms below and parallel to the above line; pedicle marked 10-12cms from pubic tubercle -6X8cm skin paddle marked on the proximal aspect -Distal incision made and gracilis muscle identified behind the great saphenous vein -Distal muscle dissected -Skin paddle incision made and skin paddle secured to the muscle using 3-0 vicryl -Pedicle identified posterior to the muscle and dissected between adductor longus and magnus clipping other branches -Branch from obturator nerve dissected and cut -Insertion of muscle cut first and origin cut later -Pedicle clipped and cut along with the nerve -Muscle inset to form the floor of the mouth -Skin paddle forms the tongue -Artery anastomosed to facial artery and vein to branch from the IJV -Nerve coapted to the proximal aspect of the cut hypoglossal nerve -Neck wound closed after ensuring hemostasis and placing a glove drain using 3-0 vicryl and 5-0 nylon |

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| **ADVICE ON DISCHARGE :** |
| Keep the surgical site clean and dry |

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

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| **DIET RECOMMENDATIONS :** |
| RT feeds at 100 cc /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. T.Ciplox 500 mg 1-0-1 x 7days Tab Dolo 650mg 1-1-1x5days Tab Pan 40mg 1-0-0x5days Chlorehexidine gargle 10ml Q6H Dexorange Syrup 10ml 1-0-1 x1 month Tab Ultracet 1tab 1-0-0 SOS |

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| **HEAD AND NECK - TUMOUR BOARD** |

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|  | **TB Date:**  10/02/2021 |
|  | **Tumour Type:** Primary |
| |  | | --- | | **Presenting Complaints: Ulcer** | |  | | **Descriptive History and Examination:**  53 year old gentleman  h/o pain over the tongue since 9 months, increasing in severity h/o ulcer noted over right tongue 4 months ago no oral bleed S+ T+ A+ o/e: KPS 80 mouth opening adequate 48 missing poor oral hygiene 4x3cm ulcer over right lateral border of tongue, extending to FOM, posteriorly reaching BOT, medially reaching midline. no palpable nodes | |  | | | |
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| |  | | --- | |  | |  | | **Comments:**  no comorbidities   |  |  |  | | --- | --- | --- | | |  | | --- | | **FNAC:** | |  | | |  | | |  |  | | --- | --- | | **Primary:**  Cytology: Scrape smear - SCC |  | | |  |  |  |  |  | | --- | --- | --- | | |  | | --- | |  | | | | **Descriptive Plan:**  Carcinoma Tongue cT4aN0Mx Plan: 1.MRI HN 2.CT chest WLE+ND+PMMC+PEG | **Histopathology Descriptive Plan:**  Total Glossectomy with selective bilateral LND : - Moderately differentiated squamous cell carcinoma, conventional type. - Tumour size - 4x4x3.1cm - Depth of invasion -3.1cm - Extensive PNI seen. - Lymphovascular invasion not seen - Depth of invasion - 3.1cm (grossly) - WPOI -4 ,score 1 - LHR -Score 1 - PNI -Score 3(large nerve) - High risk of recurrence (risk score -5) - Metastatic lymph nodes seen at the level of Right level II A and Left level I B (2/30). - All mucosal and soft tissue margins are free of tumour except posterior soft tissue margin which appears close and is 2mm away. pTNM staging (AJCC) - pT3N2c. Plan: Adjuvant CTRT | | |  |  | |   **Progress Notes**  **Date : 09/02/2021**  **ProgressNotes :**  53 year old gentleman  h/o pain over the tongue since 9 months, increasing in severity  h/o ulcer noted over right tongue 4 motnhs ago  no oral bleed  no comorbidities  S+ T+ A+  o/e:  KPS 70  mouth opening adequate  48 missing  poor oral hygiene  4x3cm ulcer over right lateral border of tongue, extending to FOM, posteriorly reaching BOT, involving  almost entire tongue  no palpable nodes  Cytology: Scrape smear - SCC  adv:  MRI HN with contrast  CT Chest Plain  if surgery is planned : Total glossectomy + B/L ND + PMMC + PEG  **Operative Notes- Resection**  **Date : 05/03/2021**  **ProgressNotes :**  Diagnosis: Carcinoma Tongue cT4aN0M0  Procedure: Near total glossectomy (Visor incision- pull through approach)+ Bilateral selective neck dissection  (I-IV)+ Transverse Upper Gracilis Flap + Tracheostomy under GA on 04.03.2021  Findings: 4x3cm ulcerative lesion left lateral border tongue 1cm from tip, reaching till Base tongue, medially  induration crossing midline, inferiorly involving floor of mouth. Wide local excision done including, tongue,  floor of mouth leaving left base of tongue. centimetric suspicious nodes noted bilateral levels Ib, II. Fibrofatty  clearance done from level I-IV bilaterally. IJV, SCM, SAN preserved bilaterally.  Procedure:  Resection :  Neck dissection : Clearance of level 1a done. Right marginal mandibular nerve identified and dissected.  Submandibular triangle clearance done after identifying facial vessels. Facial vessels dissected out from  submandibular gland and preserved. Medial end of SCM identified and muscle separated exposing internal  jugular vein. In level 2 spinal accessory nerve identified and separated. Level two B cleared. Next level two,  three and four cleared of lymph nodes and fibro fatty tissue. Hemostasis secured after Valsalva maneuver.  Glove drain placed on the right, suction drain on left. Wound closed in two layers after reconstruction done  Transverse Upper Gracilis Flap under GA -Parts painted and drapped -Marking done-Line connecting pubic tubercle and medial condyle of tibia; 2cms below and parallel to the above line; pedicle marked 10-12cms from pubic tubercle -6X8cm skin paddle marked on the proximal aspect -Distal incision made and gracilis muscle identified behind the great saphenous vein -Distal muscle dissected -Skin paddle incision made and skin paddle secured to the muscle using 3-0 vicryl -Pedicle identified posterior to the muscle and dissected between adductor longus and magnus clipping other branches -Branch from obturator nerve dissected and cut -Insertion of muscle cut first and origin cut later -Pedicle clipped and cut along with the nerve -Muscle inset to form the floor of the mouth -Skin paddle forms the tongue -Artery anastomosed to facial artery and vein to branch from the IJV -Nerve coapted to the proximal aspect of the cut hypoglossal nerve -Neck wound closed after ensuring hemostasis and placing a glove drain using 3-0 vicryl and 5-0 nylon  **Progress Notes**  **Date : 05/04/2021**  **ProgressNotes :**  Total Glossectomy with selective bilateral LND  Moderately differentiated squamous cell carcinoma  Came for review  Oral cavity- flap good  Adv  CTRT vs RT based on pt status  radiation oncology  **Progress Notes**  **Date : 05/04/2021**  **ProgressNotes :**  ca tongue  Near total glossectomy (Visor incision- pull through approach)+ Bilateral selective neck dissection (I-IV)+  Transverse Upper Gracilis Flap + Tracheostomy under GA on 04.03.2021 (Head and Neck Major Resection  +Neck Dissection+ Reconstruction for cancer defect Grade II )  HPR  - Moderately differentiated squamous cell carcinoma, conventional type. - Tumour size - 4x4x3.1cm - Depth of  invasion -3.1cm - Extensive PNI seen. - Lymphovascular invasion not seen - Depth of invasion - 3.1cm  (grossly) - WPOI -4 ,score 1 - LHR -Score 1 - PNI -Score 3(large nerve) - High risk of recurrence (risk score  -5) - Metastatic lymph nodes seen at the level of Right level II A and Left level I B (2/30). - All mucosal and  soft tissue margins are free of tumour except posterior soft tissue margin which appears close and is 2mm  away. pTNM staging (AJCC) - pT3N2c.  For adjuvant RT  RT details explained | |  | | | |