**Radiology Report**

**Created Date:** 18/12/2019

**Study Done:**

**CT CHEST-PLAIN**

*Clinical information: Case of carcinoma tongue to rule out metastasis .*

Tiny millimetric nodule seen in right lung middle lobe- too small to characterize.

Rest of the lung parenchyma is normal.

The tracheobronchial tree is normal.

Thyroid gland is diffusely enlarged,show altered tissue attenuation.

Small subcentimetric right lower paratracheal and subcarinal nodes .

No pleural effusion.

Chest wall is normal.

Upper abdomen is unremarkable.

**Impression:**

• **Tiny millimetric nodule seen in right lung middle lobe- too small to characterize. Suggested**

**follow up.**

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 18/12/2019

**Received on :** 18/12/2019

**Reported Date :** 19/12/2019

**Clinical Impression :**

Case of carcinoma tongue

**Gross Description :**

Received for review are 2 slides and one block labelled "1324/19"

**Microscopic Description :**

Section studied shows a fragment of tissue lined by stratified squamous epithelium showing hyperplasia and high

grade dysplasia. The neoplasm is seen to infiltrate it the subepithelium. Atypical mitosis seen through out the

epithelium and in the invasive cell nests. Indiividual cells have abundant eosinophilic cytoplasm with

pleomorphic vesicular nucleus and prominent multiple nucleoli. Individual cell keratinisation seen. Focal areas

of spindling seen. Stroma shows lymphohistiocytic infiltration.

**Impression :**

Tongue punch biopsy -Moderately differentiated squamous cell carcinoma.

**Radiology Report**

**Created Date:** 19/12/2019

**Study Done:**

**MD CT NECK-CONTRAST**

**Clinical information : 59yr old with c/o growth over right tongue**

An ill defined heterogeneously enhancing mass noted involving the tip,dorsum and right border of the oral

tongue crossing the midline measuring 4.7x2.8cm.This lesion is seen involving the right sublingual space.Base

tongue appear normal.

Multiple lymph nodes noted in level Ia ,Bilateral level Ib largest measuring 8x6mm in right level Ib.

Supra glottis, glottis and subglottis appear normal.

Carotid and jugular vessels appear normal.

Both parotid glands appear normal.Right submandibular gland is normal .Left submandibular gland is

atrophic and shows a calculus measuring 6x6mm.

Thyroid gland shows in homogenous texture-suggested USG correlation.

No lung mass /nodule in visualized upper segments of both lungs.

Bones appear normal.,

**Impression:**

• **An ill defined heterogeneously enhancing mass involving the tip,dorsum and right border of**

**the tongue involving the right sublingual space as described.**

• **Few lymph nodes in level Ia and bilateral level Ib.**

• **Thyroid gland shows in homogenous texture-suggested USG correlation.**

**RADIOLOGY REPORT**

**Created Date:** 31/03/2021

**Study Done:**

**ULTRASOUND NECK**

Right lobe of thyroid measures 10 x 12 x 35mm.

Right lobe of thyroid shows a predominantly solid well defined mildly hyperechoic TIRADS IV nodule

measuring 1.2 x 0.8cm nodule with macrocalcifications.

Left lobe of thyroid measures 14 x 14 x 26mm.

Isthmus measures 3mm.

Left lobe shows spongiform nodule measuring 5 x 5mm.

Thyroid gland shows altered echotexture and increased vascularities ? thyroiditis.

Bilateral neck vessels appears normal.

Bilateral submandibular glands appears normal.

**Impression:**

***Case of growth on right side of tongue on follow up.***

• **Right TIRADS IV nodule as described. Suggest FNAC for further evaluation.**

• **Left sppngiform nodule as described.**

• **Thyroid gland shows features that could represent thyroiditis.**

**CYTOLOGY REPORT**

**Collection Date :** 31/03/2021 **Collection Time :** 16:40

**Received Date :** 31/03/2021 **Received Time :** 15:19

**Clinical Impression :**

MNG

**Sample Description :**

Received 12 smears labelled as "USG guided FNAC right TIRADS 4 nodule". Retained 2 representative slides

and 10 slides discarded.

**Microscopic Description :**

Examined 12 smears labelled as "USG guided FNAC right TIRADS 4 nodule". Smears are hypocellular. No

follicular cells seen.

**Impression :**

USG guided FNAC right TIRADS 4 nodule:-

- Hypocellular smears

- Category I (Unsatisfactory/ Non diagnostic) according to the Bethesda system for reporting thyroid

Cytopathology

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 31/12/2019

**Received on :** 31/12/2019

**Reported Date :** 03/01/2020

**Clinical Impression :**

C/o carcinoma right lateral border tongue

**Gross Description :**

Received in formalin are 12 specimens.

The Ist specimen labelled "Total glossectomy tagged single suture left side, double stitch anterior" consist of

whole tongue measuring 7.8(AP)x4.2(ML)x4.5(SI)cm. Raw surface is inked and specimen is serially sliced from

anterior to posterior. Cut surface shows an ill circumscribed grey white ulceroproliferative lesion involving the

right lateral aspect of tongue. Lesion measuring 5x4x3cm. Depth of lesion is 1.2cm .

Lesion is at a distance of

1.5cm from left lateral mucosal and soft tissue margin

1cm from inferior deep inked margin

1.5cm from right lateral deep inked margin

1.7cm from anterior mucosal and soft tissue margin and

1.5cm from posterior mucosal and soft tissue margin

Representative sections are submitted as follows:

A1 to A4- Lesion proper

A5 -Lesion with maximum depth

A6 - Lesion with right lateral mucosal and soft tissue margin

A7 - Left lateral mucosal and soft tissue margin shaved

A8 - Anterior mucosal and soft tissue margin shaved

A9 - Lesion (closest) with posterior mucosal and soft tissue margin (radial)

A10 - Lesion with inferior deep inked margin

Specimen II labelled "Level IA" consists of nodular fibrofatty tissue grossly one lymph node identified

measuring 1x0.5x0.5cm. Entire specimen submitted in cassette B1 to B3.

Specimen III labelled "Right level IB" consists of nodular fibrofatty tissue in aggregate measuring

4.5x3.5x1.3cm. Grossly 4 lymph nodes identified, largest measuring 1.1cm in greatest dimension. Smallest

measuring 0.4cm in greatest dimension. Salivary gland tissue identified.

Representative sections are submitted in cassettes C1 7 C6

Specimen IV labelled "Right level II A" consists of a nodular fibrofatty tissue whole measuring 2.5x2.5x0.9cm.

Grossly 5 lymph nodes identified, largest measuring 1.5x0.6x0.5cm. Smallest measuring 0.4cm in greatest

dimension.

Entire specimen submitted in cassettes D1 to D3.

Specimen V labelled "Right level II B" consists of nodular fibrofatty tissue measuring2.3x1.9x0.5cm. Grossly ?

3 lymph nodes identified,largest measuring 0.4cm in greatest dimension. Entire specimen submitted in cassette

E.

Specimen VI labelled "Right level III" consists of nodular fibrofatty tissue measuring 3.2x3.5x1cm. Grossly 6

lymph nodes identified, largest measuring 1.8x1x0.3cm. Smallest 0.5cm in greatest dimension.Entire specimen

submitted in cassettes F1to F5.

Specimen VII labelled "Right level IV" consists of nodular fibrofatty tissue measuring 3.7x1.5x1cm. Grossly 2

lymph nodes identified, largest measuring 1cm in greatest dimension.Other measuring 0.5cm in greatest

dimension.

Entire specimen submitted in cassettes G1 to G4.

Specimen VIII labelled "Left level I B" consists of nodular fibrofatty tissue in aggregate measuring

3.5x2.2x1.5cm. Grossly 3 lymph nodes identified,largest measuring 1cm in greatest dimension. Smallest node

measuring 0.7cm in greatest dimension. Salivary gland tissue identified measuring 3x2x0.5cm. Representative

sections are submitted in cassettes H1 to H4.

Specimen IX labelled "Left level II A" consists of nodular fibrofatty tissue measuring 3x2.2x1cm. Grossly one

lymph node identified measuring 1.6cm in greatest dimension. Entire specimen submitted in cassettes J1 to J3.

Specimen X labelled " Left level II B" consists of nodular fibrofatty tissue, one lymph node identified measuring

1.5x0.5x0.5cm. Entire specimen submitted in cassettes K1 & K2.

Specimen XI labelled "Left level III" consists of nodular fibrofatty tissue measuring 3x2.5x1cm. Grossly 5

lymph nodes identified, largest lymph node measuring 1.5x0.5x0.5cm. Smallest measuring 0.4cm in greatest

dimension. Entire specimen submitted in cassettes L1 to L5.

Specimen XII labelled "Left level IV" consists of nodular fibrofatty tissue in aggregate measuring 3.5x2x0.5cm.

Grossly no lymph node identified. Entire specimen submitted in cassette M1 & M2.

(Dr, Meera/mm)

**Microscopic Description :**

A.Sections studied from total glossectomy shows a neoplasm arising from ulcerative, hyperplastic and dysplastic

stratified squamous epithelium invading as cords,large islands and nests. These cell nests have central keratin

pearl formation. Individual cells are polygonal having round to oval nucleus with fine nuclear chromatin,many of

which show prominent nucleoli and have moderate pale eosinophilic cytoplasm. At the invading front, the

tumour cells are arranged in nests of >15 cells. Large patches of lymphocytic infiltrate is seen at the interface.

All margins are free of tumour.

No evidence of LVI /PNI.

B. Level IA -Section studied show one node showing reactive changes and is free of tumour

C. Right level IB -Section show 4 reactive nodes along with adjacent salivary gland tissue- free of tumour

D. Right level IIA - Section show 10 reactive nodes free of tumour

E.Right level IIB - Sections show 7 reactive nodes free of tumour.

F. Right level III - Section show 10 reactive nodes - free of tumour.

G. Right level IV -Section show 5 reactive nodes -Free of tumour.

L. Left level IB -Section shows 6 reactive nodes -free of tumour

J. Left level IIA - Section show one reactive nodes free of tumour.

K.Left level II B - Section show one reactive nodes - free of tumour

L. Left level III - Section show 14 reactive nodes - free of tumour

M. Left level IV - Section show 5 reactive nodes -free of tumour.

**Impression :**

Total glossectomy +level IA +Right level I to IV +left level I-IV

-Moderately differentiated squamous cell carcinoma

-Tumour size - 5x4x3cm.

-Depth of invasion -1.4cm

-Margins -Free of tumour, closest being posterior mucosal margin which is 0.5cm away

-No LVI/PNI

-WPOI - 3

-Lymphoid infiltrate -Large patches

-Risk group - Intermediate

Lymph nodes :

64 reactive nodes - free of tumour

AJCC staging - pT4aN0

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| **Date of Admission :**29/12/2019 | **Date of Procedure :**30/12/2019 |

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| **Date of Discharge :**09/01/2020 |

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

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| **DIAGNOSIS :** |
| Carcinoma Tongue. |

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| **PROCEDURE DONE :** |
| Peroral WLE (near total glossectomy) with BL SND(Levels I-IV) with ALT flap with tracheostomy under GA on 30/12/2019.(Head and Neck Major Resection + Neck dissection+ Reconstruction for cancer defect grade II). |

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| **HISTORY :** |
| 59 year old lady, resident of Pantalam, housewife came with complaints of growth over the right tongue since 2 months difficult speaking present, no oral bleed or no neck swellings noted. Now came for further management. |

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| **MEDICINE ON ADMISSION :** |
| Tab.Olymprix M 500mg 1-0-0. |

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| **PAST HISTORY :** |
| Diabetics started on medications recently Known asthmatic since 4 years not on inhalers, no recent episodes No h/o HTN/ DLP/ Asthma/ TB/ Seizures/ CAD / CVA / Thyroid Dysfunction |

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| **PERSONAL HISTORY :** |
| No recent h/o fever and cough Bowel and bladder normal Good effort tolerance |

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| **CLINICAL EXAMINATION :** |
| On Examination: General condition fair. Vitals stable. o/e: KPS 90 mouth opening adequate 5x3cm UPG over the right lateral border of tongue, extending upto the midline, 1cm from the tip, reaching upto the BOT, TLS and FOM free, firm, tender Neck: NED Scopy: valeculla free, B/L VC mobile, BOT appears bulky MD CT NECK-CONTRAST: Impression: An ill defined heterogeneously enhancing mass involving the tip,dorsum and right border of the tongue involving the right sublingual space as described. Few lymph nodes in level Ia and bilateral level Ib. Thyroid gland shows in homogenous texture-suggested USG correlation. |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| The patient was admitted with above mentioned complaints. Relevant investigations were done. She underwent Peroral WLE (near total glossectomy) with BL SND(Levels I-IV) with ALT flap with tracheostomy under GA on 30/12/2019. Post operative period was uneventful with no major issues. Her clips were removed on POD 8 and POD 9. Neck sutures were removed on POD 9 and pod 10. She is being discharged with RT insitu. At the time of discharge, patient is stable and afebrile. |

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| **OPERATIVE FINDINGS :** |
| Procedure- peroral WLE (near total glossectomy) with BL SND(Levels I-IV) with ALT flap with tracheostomy under GA. (Head and Neck Major Resection + Neck dissection+ Reconstruction for cancer defect grade II). Findings- large ulcerative lesion right lateral tongue with induration crossing midline. Bl level Ib, II nodes present surgeons- Dr KK/DB, Dr Ankita, Dr Ridhi Sood, Dr Anjali under GA with all aseptic precautions. WLE right lateral tongue lesion done perorally with 1.5cm gross margins in 3 dimensions, resection involved resection of entire oral tongue with part of myelohyoid on right side, involving right base of tongue and part of tonsil, left base of tongue and floor of mouth was preserved. Specimen oriented and sent for HPE. Hemostasis achieved. procedure uneventful. Transverse skin crease incision taken extending from one angle of mandible to opposite side. subplatysmal flaps elevated. right SND levels I-IV done preserving marginal mandibular nerve, spinal accessory nerve and IJV. Similarly left SND levels I-IV done preserving marginal mandibular nerve, spinal accessory nerve and IJV. Hemostasis achieved. Suction drain No.14 secured in bilateral neck. ALT harvested from left thigh based on TFL perforator with pedicle length of 5cm. Skin paddle measured 7x5cm including part of vastus lateralis. Flap inset done to recreate neotongue. Posterior inset done with parachuting sutures and right lateral and anterior inset done with interdental sutures, on left lateral side inset sutures taken with remnant adjacent floor of mouth mucosa. Pedicle tunneled to neck under the posterior border of myelohyoid. Anastomosis done to right facial artery and vein. flap perfusion found to be good. closure of neck and thigh done primarily. Tracheostomy done. procedure uneventful. |

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| **ADVICE ON DISCHARGE :** |
| Keep the wound site clean and dry. Oral care. |

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| **WHEN TO OBTAIN URGENT CARE:** |
| In case of bleeding from the oral cavity, pus discharge, infection or high grade fever. |

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| **DIET RECOMMENDATIONS :** |
| Diabetic diet. 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.Pan 40mg 1-0-0 x 5days. Tab.Dolo 650mg 1-1-1 x 5days. Tab.Zolfresh 5mg 0-0-1 x 5 days Prowel Sachet 1sachet 1-0-1 x 5 days Tab.Olymprix M20 1tab 1-0-0 x to continue. |

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

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|  | **TB Date:**  18/12/2019 | | |
|  | **Tumour Type:** Primary | | |
| |  | | --- | | **Presenting Complaints: Ulcer** | |  | | **Descriptive History and Examination:**  59 year old lady, resident of Pantalam, housewife c/o growth over the right tongue since 2 months difficult speaking+ no oral bleed no neck swellings no addictions o/e: KPS 90 mouth opening adequate 5x3cm UPG over the right lateral border of tongue, extending upto the midline, 1cm from the tip, reaching upto the BOT, TLS and FOM free, firm, tender Neck: NED Scopy: valeculla free, B/L VC mobile, BOT appears bulky | |  | | | | | |
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| |  | | --- | | **Co-Morbidities: Diabetes Mellitus** | |  | | **Comments:**  Diabetic, not compliant with medications | | | | | |
| **Primary:**  Outside: Moderately Differentiated Squamous Cell Carcinoma | |  |
| **Descriptive Plan:**  **Carcinoma Tongue cT4aN0Mx Plan: imaging awaited 01.01.2020: peroral WLE (near total glossectomy) with BL SND(Levels I-IV) with ALT flap with tracheostomy under GA done on 30.12.2019 HPER awaited** | |  |
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**Progress Notes**

**Date : 11/12/2019**

**ProgressNotes :**

59 year old lady,

c/o growth over the right tongue since 2 months

difficult speaking+

no oral bleed

no neck swellings

no addictions

Diabetic, not compliant with medications

o/e:

KPS 90

mouth opening adequate

5x3cm UPG over the right lateral border of tongue, extending upto the midline, 1cm from the tip, reaching

upto the BOT, TLS and FOM free, firm, tender

Neck: NED

Scopy: valeculla free, B/L VC mobile, BOT appears bulky

Biopsy: MDSCC

adv: MRI HN with contrast

CT Chest Plain

**Operative Notes**

**Date : 30/12/2019**

**ProgressNotes :**

Procedure- peroral WLE (near total glossectomy) with BL SND(Levels I-IV) with ALT flap with tracheostomy

under GA

findings- large ulcerative lesion right lateral tongue with induration crossing midline. Bl level Ib, II nodes

present

under GA with all aseptic precautions. WLE right lateral tongue lesion done perorally with 1.5cm gross

margins in 3 dimensions, resection involved resection of entire oral tongue with part of myelohyoid on right

side, involving right base of tongue and part of tonsil, left base of tongue and floor of mouth was preserved.

Specimen oriented and sent for HPE. Hemostasis achieved. procedure uneventful.

Transverse skin crease incision taken extending from one angle of mandible to opposite side. subplatysmal

flaps elevated. right SND levels I-IV done preserving marginal mandibular nerve, spinal accessory nerve and

IJV. Similarly left SND levels I-IV done preserving marginal mandibular nerve, spinal accessory nerve and

IJV. Hemostasis achieved. Suction drain No.14 secured in bilateral neck.

ALT harvested from left thigh based on TFL perforator with pedicle length of 5cm. Skin paddle measured

7x5cm including part of vastus lateralis. Flap inset done to recreate neotongue. Posterior inset done with

parachuting sutures and right lateral and anterior inset done with interdental sutures, on left lateral side inset

sutures taken with remnant adjacent floor of mouth mucosa. Pedicle tunneled to neck under the posterior

border of myelohyoid. Anastomosis done to right facial artery and vein. flap perfusion found to be good.

closure of neck and thigh done primarily. Tracheostomy done.

procedure uneventful

**Progress Notes**

**Date : 02/05/2024**

**ProgressNotes :**

Ca Right Lateral Border of Tongue cT3N0Mx

Punch Biopsy: MDSCC S/P Peroral WLE (near total glossectomy) with BL SND (Levels I-IV) with ALT flap

with tracheostomy under GA on 30/12/2019.

Post op HPR: MDSCC pT4 ( 5 x 4 x 3 cm , DOI - 1.4 cm ) N0 (0/64)

RT Dose: 60Gy / 30# Date of completion of RT - 21/03/2020.

L/E : NED

flap good

adv- R/V after 6 months

**Speciality :** RadiationOncology

**D/O Commencement of RT** 10/02/2020 **D/O Completion of RT** 21/03/2020

**FINAL DIAGNOSIS, STAGE AND HISTOLOGY**

Carcinoma Right Lateral Border of Tongue

Moderately Differentiated Squamous cell Carcinoma

cT3N0Mx

S/P peroral WLE (near total glossectomy) with BL SND(Levels I-IV) with ALT flap with tracheostomy under

GA on 30/12/19.,pT4N0

Completed Post Operative Adjuvant radiation therapy.

**CLINICAL HISTORY AND PHYSICAL FINDINGS**

Mrs. P Vijayamma, 60 year old lady from Pantalam presented with complaints of ulcer over the right lateral

border of tongue for 2 months duration and was associated with difficulty in speaking. No history of oral bleed

or neck swellings.No addictions.

Initial Examination

KPS 90

Mouth opening adequate-

A 5x3cm UPG over the right lateral border of tongue, extending upto the midline, 1cm from the tip, reaching

upto the BOT, TLS and FOM free, firm, tender

Neck: NED

Scopy: Valeculla free, B/L VC mobile, BOT appears bulky

Biopsy reported as Moderately Differentiated Squamous cell Carcinoma .

CT Neck [Dated: 19/12/2019]

An ill defined heterogeneously enhancing mass noted involving the tip,dorsum and right border of the oral

tongue crossing the midline measuring 4.7x2.8cm.

This lesion is seen involving the right sublingual space.Base tongue appear normal.

Multiple lymph nodes noted in level Ia ,Bilateral level Ib largest measuring 8x6mm in right level Ib. Supra

glottis, glottis and subglottis appear normal. Carotid and jugular vessels appear normal. Both parotid glands

appear normal.Right submandibular gland is normal .Left submandibular gland is atrophic and shows a calculus

measuring 6x6mm. Thyroid gland shows in homogenous texture-suggested USG correlation. No lung mass

/nodule in visualized upper segments of both lungs. Bones appear normal.,

Impression: An ill defined heterogeneously enhancing mass involving the tip,dorsum and right border of the

tongue involving the right sublingual space as described. Few lymph nodes in level Ia and bilateral level Ib.

She was planned for Surgery and underwent peroral WLE (near total glossectomy) with BL SND(Levels I-IV)

with ALT flap with tracheostomy under GA on 30/12/19.

Intra operative Findings : Large ulcerative lesion right lateral tongue with induration crossing midline. Bl level

Ib, II nodes present. WLE right lateral tongue lesion done perorally with 1.5cm gross margins in 3 dimensions,

resection involved resection of entire oral tongue with part of myelohyoid on right side, involving right base of

tongue and part of tonsil, left base of tongue and floor of mouth was preserved.

Right SND levels I-IV done preserving marginal mandibular nerve, spinal accessory nerve and IJV. - Left SND

levels I-IV done preserving marginal mandibular nerve, spinal accessory nerve and IJV. - ALT harvested from

left thigh. Flap inset done to recreate neotongue. - Tracheostomy done.

Post op HPR reported as Moderately differentiated squamous cell carcinoma.

Tumour size - 5x4x3cm.

-Depth of invasion -1.4cm

-Margins -Free of tumour, closest being posterior mucosal margin which is 0.5cm away.

No LVI/PNI. WPOI - 3.

Lymphoid infiltrate Large patches.

Risk group - Intermediate. Lymph nodes : - 64 reactive nodes - free of tumour

She was pathologically staged as pT4aN0

She was referred to Radiation Oncology for further management and was planned for Post Operative adjuvant

radiation therapy using IGRT technique.

**INVESTIGATIONS :**

**Haemogram:**

**Date: Hb: g/dl PCV: % PLT:**

**ku/ml**

**TC:**

**ku/ml**

**DC: N % L:% E: % ESR:**

**mm/1st hr**

01/01/2020 7.4 22.2 202 7.79 82.6 11.3 1.3 -

02/01/2020 9.8 29.4 262 9.60 77.4 14.0 1.2 -

24/02/2020 11.0 33.7 262 6.70 65.9 22.2 5.1 -

02/03/2020 10.9 33.8 339 8.23 75.0 14.9 4.4 -

09/03/2020 10.9 33.1 363 6.63 74.4 15.2 4.2 -

16/03/2020 10.2 31.3 314 6.27 77.1 13.1 3.3 -

**Renal Function Test and Serum Electrolytes:**

**Date: Urea: mg/dl Creatinine: mg/dl Na+: mEq/L K+: mEq/L**

02/03/2020 17.9 0.42 137.6 4.4

16/03/2020 25.0 0.41 133.9 3.7

Date: 16/03/2020

Glucose [R]-Plasma : 120.6 mg/dl RBC-COUNT-Blood : 3.91 M/uL

MCV-Blood : 80.1 fL MCH-Blood : 26.1 pg

MCHC-Blood : 32.6 g/dl RDW-Blood : 14.1 %

MPV-Blood : 9.1 fL MONO -Blood : 6.2 %

BASO-Blood : 0.3 %

Date: 09/03/2020

Glucose [R]-Plasma : 128.6 mg/dl RBC-COUNT-Blood : 4.11 M/uL

MCV-Blood : 80.5 fL MCH-Blood : 26.5 pg

MCHC-Blood : 32.9 g/dl RDW-Blood : 14.3 %

MPV-Blood : 9.2 fL MONO -Blood : 5.6 %

BASO-Blood : 0.6 %

Date: 02/03/2020

Glucose [R]-Plasma : 107.6 mg/dl RBC-COUNT-Blood : 4.08 M/uL

MCV-Blood : 82.8 fL MCH-Blood : 26.7 pg

MCHC-Blood : 32.2 g/dl RDW-Blood : 14.4 %

MPV-Blood : 9.1 fL MONO -Blood : 5.1 %

BASO-Blood : 0.6 %

Date: 24/02/2020

RBC-COUNT-Blood : 4.12 M/uL MCV-Blood : 81.8 fL

MCH-Blood : 26.7 pg MCHC-Blood : 32.6 g/dl

RDW-Blood : 14.7 % MPV-Blood : 8.9 fL

MONO -Blood : 6.1 % BASO-Blood : 0.7 %

Date: 02/01/2020

RBC-COUNT-Blood : 3.47 M/uL MCV-Blood : 88.5 fL

MCH-Blood : 28.4 pg MCHC-Blood : 32.1 g/dl

RDW-Blood : 14.3 % MPV-Blood : 8.6 fL

MONO -Blood : 7.0 % BASO-Blood : 0.4 %

Date: 01/01/2020

RBC-COUNT-Blood : 2.72 M/uL MCV-Blood : 81.6 fL

MCH-Blood : 27.2 pg MCHC-Blood : 33.3 g/dl

RDW-Blood : 13.9 % MPV-Blood : 10.1 fL

MONO -Blood : 4.5 % BASO-Blood : 0.3 %

**HISTOPATHOLOGY REPORTS**

Post OP HPR [Dated: 3/1/2020]

Total glossectomy +level IA +Right level I to IV +left level I-IV

Moderately differentiated squamous cell carcinoma

Tumour size - 5x4x3cm.

Depth of invasion -1.4cm

Margins -Free of tumour, closest being posterior mucosal margin which is 0.5cm away

No LVI/PNI

WPOI - 3

Lymphoid infiltrate -Large patches

Risk group - Intermediate

Lymph nodes :

64 reactive nodes - free of tumour

AJCC staging - pT4aN0

Tongue Biopsy Second opinion-Moderately differentiated squamous cell carcinoma.

**RADIOLOGY AND NUCLEAR MEDICINE REPORTS**

CT Neck [Dated: 19/12/2019]

An ill defined heterogeneously enhancing mass noted involving the tip,dorsum and right border of the oral

tongue crossing the midline measuring 4.7x2.8cm.This lesion is seen involving the right sublingual space.Base

tongue appear normal. Multiple lymph nodes noted in level Ia ,Bilateral level Ib largest measuring 8x6mm in

right level Ib. Supra glottis, glottis and subglottis appear normal. Carotid and jugular vessels appear normal. Both

parotid glands appear normal.Right submandibular gland is normal. Left submandibular gland is atrophic and

shows a calculus measuring 6x6mm. Thyroid gland shows in homogenous texture-suggested USG correlation.

No lung mass /nodule in visualized upper segments of both lungs. Bones appear normal.,

Impression: An ill defined heterogeneously enhancing mass involving the tip,dorsum and right border of the

tongue involving the right sublingual space as described. Few lymph nodes in level Ia and bilateral level Ib.

Thyroid gland shows in homogenous texture-suggested USG correlation.

CT Chest-Tiny Miillimetric nodule seen in right lung middle lobe- too small to characterize. Suggested follow

up.

Treatment Given:

**SURGERY DETAILS :**

Peroral WLE (near total glossectomy) with BL SND(Levels I-IV) with ALT flap with tracheostomy under GA

on 30/12/2019.

**RADIATION DETAILS :**

Intent:Curative as adjuvant.

Technique: IGRT

Site of Disease: Right lateral border tongue

Cat Scan Simulation on 29/1/2020

Complex Computerized Treatment Planning on 7/2/2020

RT Started on 10/2/2020

RT Completed on 21/3/2020

Treatment breaks- Nil

Total Dose: 6000 cGy in 30 fractions

**Primary Tumour And Drainage Area :**

Site: PTV 60 Gy [Post OP Bed+ Margin+Bilateral Level II and III +Right level IV Nodal station]

Energy: 6 MV Photons

Dose: 6000 cGy in 30 fractions

Schedule: 200 cGy per fraction and 5 fractions a week

Dose prescribed to 100% isodose line.

Site: PTV 54 Gy [Left Level IV and V Nodal station]

Energy: 6 MV Photons

Dose: 5400 cGy in 30 fractions

Schedule: 180 cGy per fraction and 5 fractions a week

Dose prescribed to 100% isodose line

**TREATMENT COURSE :**

Mrs. P Vijayamma, 60 year old lady, diagnosed as a case of carcinoma Right lateral border tongue, Post

Operative, pT4N0M0, completed planned course of Post Operative adjuvant radiation therapy well without

interruptions. She had Grade 1 dermatitis over the skin and Grade 2 mucositis in the oral cavity at the time of

completion of Radiation therapy.

**ADVICES AT DISCHARGE, MEDICATIONS AND FURTHER PLAN**

1. Review after 2 weeks in RT OPD.

2. Review after 4-6 weeks in HNS-RT Combined Follow Up Clinic for evaluation of Primary Disease, Neck

Nodes.

3. Review every month in RT OPD for one year and then as advised.

Investigations:

1. CXR PA View, CBC, RFT and Liver Enzymes [SGOT, SGPT and Alkaline Phosphatase] 4- 6 weeks post RT

and then as advised by the Physician [CXR every 6 months].

2. TFT [T3, T4, TSH] every 6 months routinely to rule out post RT hypothyroidism.

Oral and Skin Care:

1. Mix a pinch of Soda Bicarbonate powder and one table spoon of common salt in a liter of water and use as

mouth wash every 4 to 6 hours. Neem Leaf mouth wash as advised.

2. Skin care: Avoid applying oil and washing with soap. Gentle splashing of water followed by mopping with

towel. Normal daily bath can be resumed after 3 weeks of completion of RT. Apply ointments or creams only as

per Doctors' advice.

3. Silver Sulfadiazine Cream for Local Application TID for wounds [for healing].

Specific:

1. High calorie feeds: 3500 calorie and 120 gm protein with mineral and vitamin supplementation in 2.5 liters of

liquid diet. Orally as tolerated.