**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 27/02/2020

**Received on :** 27/02/2020

**Reported Date :** 28/02/2020

**Clinical Impression :**

Ulcerative lesion on tongue - granulomatous lesion ? malignancy.

**Gross Description :**

Received in formalin are two specimens.

The Ist specimen labelled " Right" consists of single grey white measuring 0.9x0.3x0.2cm. Entire specimen

submitted in cassette A.

Specimen II labelled "Left"consists of single grey white tissue bit measuring 0.3x0.4x0.2cm. Entire specimen

submitted in cassette B.

**Microscopic Description :**

Sections from (right and left )tongue (both A and B) shows an infiltrating neoplasm arising from the epithelium

invading the subepithelium in sheets, cords and trabeculae. Cells are poorly differentiated and shows irregular

hyperchromatic nuclei and scant to moderate cytoplasm. Occasional dyskeratotic polygonal cells are seen with

brisk mitosis.Cells are seen invading between the muscle fibres with patchy lymphocytic infiltrate .

**Impression :**

Right and left tongue lesion biopsy - Poorly differentiated squamous cell carcinoma.

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 13/03/2020

**Received on :** 13/03/2020

**Reported Date :** 18/03/2020

**Clinical Impression :**

C/o right and left carcinoma tongue

**Gross Description :**

Received in formalin are 13 specimens.

A.The Ist specimen labelled"right lateral tongue tagged with double anterior single superior" consists of portion

of right lateral border of tongue with small portion of floor of mouth mucosa.The surface show an irregular grey

white area with ulceration over the lateral border.Specimen measuring 4x3.5x1.7cm.The raw medial surface is

inked and specimen is serially sliced into 7 slices with a thickness of 0.3cm. C/s- a grey white lesion is seen

measuring 1.3x0.7x2.4cm. The lesion is 1cm from anterior mucosal and soft tissue margin,1.5cm from superior

mucosal margin,0.9cm from inferior soft tissue margin,1cm from medial deep inked margin and 0.1cm from

posterior mucosal and soft tissue margin .Depth of the lesion is 0.7cm.Representative sections are submitted as

follows:

A1- Anterior mucosal margin (radial)

A2- Posterior mucosal and soft tissue margin

A3 & A4 - Lesion with maximum depth (including superior mucosal margin)

A5- Lesion with medial deep inked margin

A6- Lesion with inferior soft tissue margin

B.Specimen II labelled "left lateral border of tongue tagged with single superior double anterior" consists of a

portion of left lateral aspect of tongue showing a grey white irregular area with mucosal ulceration.The raw

medial surface is inked and specimen is serially sliced into 8 slices. A small grey white area is seen below the

level of ulceration measuring 0.7x0.4x1cm.The lesion is 0.7cm from superolateral mucosal margin,0.8cm from

medial deep inked margin, 2.3cm from posterior mucosal margin, 1cm from anterior mucosal margin, 1cm from

inferior deep inked margin, depth of the lesion is 0.3cm. Representative sections are submitted as follows:

B1- posterior mucosal margin (radial)

B2 - anterior mucosal margin (radial)

B3- Lesion with maximum depth including the inferior deep inked and medial soft tissue margin

B4 & B5-lesion proper

C. Specimen III labelled "Level Ia " consists of a nodular fibrofatty tissue measuring 3x2.5x1cm. 3 lymph

nodes identified,largest 0.5cm in greatest dimension,smallest 0.3cm in greatest dimension.Entire specimen

submitted in cassettes C1 to C4.

D. Specimen IV labelled "Right level I B" consists of a nodular fibrofatty tissue measuring 5x4.5x2cm.

Salivary gland tissue identified.Representative sections are submitted in cassettes D1 to D3.

E.Specimen V labelled"right level II A" consists of nodular fibrofatty tissue measuring 4x2.5x1cm. 4 lymph

nodes identified,largest measuring 2cm.Smallest measuring 0.6cm. Entire specimen submitted in cassettes E1 to

E5

F. Specimen VI labelled"Right level II b" consists of nodular fibrofatty tissue measuring 3x1.5x1cm.3 lymph

nodes identified,largest measuring 1cm ,smallest measuring 0.3cm.Entire specimen submitted in cassettes F1 to

F3.

G. Specimen VII labelled "Right level III"consists of a fibrofatty tissue me.No lymph nodes identified

grossly.Entire specimen submitted in cassette G.

H. Specimen VIII labelled "Right level IV" consists of a fibrofatty tissue measuring 3.5x2x2cm. 2 lymph nodes

identified grossly.largest 0.5cm in greatest dimension. Entire specimen submitted in cassettes H1 to H3.

J. Specimen IX labelled "Left level I B" consists of salivary gland tissue with attached fibrofatty tissue

measuring 6x3.5x2cm.3lymph nodes identified, largest measuring 0.7cm in greatest dimension. Smallest

measuring 0.5cm in greatest dimension. Representative sections are submitted in cassettes J1 to J5.

K. Specimen X labelled "Left level II A" consists of a nodular fibrofatty tissue measuring 4x2.5x1cm.6 lymph

nodes identified,largest 1.5cm in greatest dimension.Smallest 0.3cm in greatest dimension. Entire specimen

submitted in cassettes K1 to K6.

L. Specimen XI labelled "Left level II B" consists of nodular fibrofatty tissue measuring 3x2x1cm. 1 lymph

node identified measuring 1.2cm in greatest dimension.Entire specimen submitted in cassettes L1 & L2.

M.Specimen XII labelled "Left level III" consists of nodular fibrofatty tissue measuring 4x3x1cm. 4 lymph

nodes identified, largest 1cm in greatest dimension. Entire specimen submitted in cassettes M1 to M3.

N. Specimen XIII labelled "Left level IV" consists of nodular fibrofatty tissue measuring 4x3x0.6cm.No lymph

nodes identified grossly. Entire specimen submitted in cassettes N1 & N2.

**Microscopic Description :**

A.Sections from the right lateral tongue show a neoplasm arising from the epithelium composed of cells

arranged in nests, sheets, trabeculae and cords.The individual cells are polygonal with abundant eosinophilic

cytoplasm, round to oval vesicular nucleus with prominent nucleoli.Scattered areas of keratin pearl formation

seen. Lymphoplasmacytic infiltrate seen in the subepithelium .The lesion is seen to invade the subepithelium and

involves the muscle layer.

-No PNI /LVE noted.

-LHR - At the interface shows patches of lymphocytic infiltrate.

-WPOI -Pattern 4

- Depth of lesion - 0.6cm

-All margins free of tumor closest being the posterior mucosal and soft tissue margin which is 0.5cm away.

B.Sections from left lateral tongue shows a neoplasm with morphology same as in A. Epithelium shows

ulceration. The lesion is seen to invade into the subepithelium and involves the muscle layer.

-No PNI /LVE seen

-LHR-At the interface shows patches of lymphocytic infiltrate

-WPOI - Pattern 4

-Depth of the invasion is 0.3cm.

-All the margins are free of tumour closest being the superior margin which is 0.7cm away.

C.Level IA - 3 reactive lymph nodes- Free of tumour

D.Right level IB -Salivary gland-Free of tumour

E. Right level IIA - 18 reactive lymph nodes- free of tumour

F. Right levelIIB - 3 reactive lymph nodes

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

H. Right level IV- 5 reactive lymph nodes -free of tumour

J. Left level IB - 3 reactive lymph nodes and salivary gland - free of tumour

K. Left level IIA - 17 reactive lymph nodes -Free of tumour

L. Left level II B - 1 reactive lymph nodes

M. Left level III - 6 reactive lymphnodes- free of tumour

N. Left level IV - 7 reactive lymph nodes-free of tumour

M.Left level III - 3 reactive lymph nodes - free of tumour

N. Left level IV- 7 reactive lymph nodes - free of tumour

**Impression :**

Right and left lateral border of tongue + Right level (IA - IV) + left level (IB to IV)LND:

- Moderately differentiated squamous cell carcinoma

- Sites -right and left lateral border of tongue

- Size - lesion in right lateral border is 2.4x1.3x0.7cm and left lateral border of tongue is 1x0.7x0.4cm.

-Depth of invasion in right tongue lateral border is 0.6cm, in left tongue lateral border is 0.3cm.

-All mucosal and soft tissue margins are free of tumour

-No PNI (score0)

-LHR- Patches of lymphocytic infiltrate (score 1)

-WPOI- Pattern 4(score1)

-Risk group -(0+1+1=2 )intermediate risk (both right and left)

-Level IA -3 reactive lymph nodes -free of tumour

Right level IB to IV- 28 reactive lymph nodes-free of tumour .Salivary gland free of tumour.

Left level IB to IV- 34 reactive lymph nodes - free of tumour .Salivary gland - free of tumour.

AJCC staging- (right lateral tongue) pT2N0

(left lateral tongue) pT1N0

**RADIOLOGY REPORT**

**Created Date:** 29/04/2024

**Study Done:**

**ULTRASOUND NECK**

Thyroid gland shows normal in size and vascularity .

Shows few spongiform nodules in both lobes of thyroid .

Few enlarged lymphnodes with preserved fatty hilum measuring 1.7 x 0.6 cm and 1.3 x 1 cm in right

level Ib respectively .

Bilateral neck vessels patent .

**Impression:**

• **Few benign appearing enlarged lymphnodes in right level Ib. Suggested follow up.**

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| **Date of Admission :**11/03/2020 | **Date of Procedure :**12/03/2020 |

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| **Date of Discharge :**21/03/2020 |

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

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

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| **PROCEDURE DONE :** |
| WLE (right and left lateral tongue lesion) bilateral SND (LEVELS I-IV) with shape modified RFFF with tracheostomy under GA 12.03.2020. Re-exploration for flap congestion under GA on 13.03.2020. |

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| **DRUG ALLERGIES :** No known drug allergies. |

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| **HISTORY :** |
| 43 year old Lady from Koothatukulam complaints of ulcers both side of tongue since more than 1 month, Consulted Dentist outside has shown in dental clinic (AIMS) today and sharp offending tooth were rounded off. Patient then underwent treatment for sharp tooth and took medications for 2 weeks, then underwent biopsy. HPR- Right and left tongue lesion biopsy - Poorly differentiated squamous cell carcinoma. |

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| **PAST HISTORY :** |
| No comorbidities. |

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| **PERSONAL HISTORY :** |
| Normal bowel and bladder habits. Good effort tolerance Sleep - normal. |

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| **CLINICAL EXAMINATION :** |
| On Examination: General condition fair. Vitals stable. o/e- 2x2cm ulcer over right lateral border with central slough and 5x5mm ulcer on left lateral border, both severely tender, min induration. (post biopsy) rest nad Neck no nodes palpable |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| The patient was admitted with above mentioned complaints. Relevant investigations were done. She underwent WLE (right and left lateral tongue lesion) bilateral SND (LEVELS I-IV) with shape modified RFFF with tracheostomy under GA 12.03.2020. Post operatively her flap showed congestion and therefore underwent Re-exploration for flap congestion under GA on 13.03.2020. Her post operative period was uneventful with no major issues. All drains were removed on POD 2. Her alternate neck sutures and hand clips were removed on POD 8 and rest on POD 9. She was started on oral feeds, tolerated well and hence RT was removed on POD 8. At the time of discharge, patient is stable and afebrile. |

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| **OPERATIVE FINDINGS :** |
| procedure- WLE (right and left lateral tongue lesion) bilateral SND (LEVELS I-IV) with shape modified RFFF with tracheostomy under GA Findings- 2x2cm ulcer over right lateral border with central slough and 1x1cm ulcer on left lateral border of tongue. right level Ib and IIa/b small nodes Under GA with all aseptic precautions. transverse upper skin crease incision taken from angle of mandible on one side to opposite side angle of mandible. Subplatysmal flaps elevated. bl level I-IV SND done, preserving marginal mandibular nerve, spinal accessory and IJV on both sides. Wide local excision of both the lesions done with 1 cm margins in 3 dimensions. specimen oriented and sent for HPE. hemostasis achieved. shape modified RFFF harvested from right forearm with skin paddle measuring 13x3cm with pedicle length of approx 8cm and cephalic vein was also harvested. Central area of Skin paddle de-epithelialized. a submucosal tunnel made along ventral aspect of tongue such that majority of flap used to cover right sided defect with de-epithelialized segment tunneled through the submucosal pocket and distal part of flap used for covering left sided tongue defect. tunnel made in floor of mouth on right side posterior to myelohyoid, to pass the pedicle with cephalic vein to right side of neck. Microanastomosis done to right facial artery and vein. closure of neck done in layers over a suction and gloved drain. RFFF donor site closed primarily over a suction drain. Tracheostomy done. Procedure uneventful. Re-exploration for flap congestion under GA on 13.03.2020 Findings- acute kink in the pedicle under GA with all aseptic precautions, sutures opened and pedicle exposed. acute kink in the pedicle identified compromising venous drainage. Adventitia dissected at the site of kink and pieces of ab gel kept between the pedicle to prevent kinking. Cephalic vein anastomosed with EJV. Flap perfusion improved. closure done in layers, procedure uneventful. |

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| **ADVICE ON DISCHARGE :** |
| Keep the wound area clean and dry. Can take regular bath. |

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| **WHEN TO OBTAIN URGENT CARE:** |
| In case of pain/ breathing distress/bleeding/ infection or high grade fever. |

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| **DIET RECOMMENDATIONS :** |
| Soft oral 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 Syp. Dexorange 10ml OD x 15 days Tab. Zincovit 1-0-0 x 15 days |

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

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|  | **TB Date:**  11/03/2020 |
| **Diagnosis date:**  05/03/2020 | **Tumour Type:** Primary |

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| |  | | --- | | **Presenting Complaints: Ulcer** | |  | | **Descriptive History and Examination:**  43 year old Lady from Koothatukulam c/o Ulcers both side of tongue since more than 1 month, Consulted Dentist outside has shown in dental clinic (AIMS) today and sharp offending tooth were rounded off pt underwent treatment for sharp tooth AND took medications for 2 weeks, then underwent biopsy o/e- 2x2cm ulcer over right lateral border with central slough and 5x5mm ulcer on left lateral border, both severely tender, min induration. (post biopsy) rest nad neck no nodes palpable | |  | |
| **Primary:**  HPR- Right and left tongue lesion biopsy - Poorly differentiated squamous cell carcinoma. have taken slides for 2nd opinion  **Descriptive Plan:**  ca tongue multifocal T1/2(post biopsy)N0Mx no nodes plan: WLE + B/L ND + STF WLE (right and left lateral tongue lesion) bilateral SND (LEVELS I-IV) with shape modified RFFF with tracheostomy under GA done on 12.03.2020  **Progress Notes**  **Date : 14/02/2020**  **ProgressNotes :**  43 year old Lady from Koothatukulam  c/o Ulcers both side of tongue since more than 1 month, Consulted Dentist outside  has shown in dental clinic (AIMS) today and sharp offending tooth were rounded off  o/e- 3x3cm ulcer over right lateral border with central slough and 5x5cm ulcer on left lateral border, both  severely tender, no induration.  rest nad  adv: TESS paste for LA HS x 2 weeks  Metrogyl DG for LA 1-0-0 x 2 weeks  review after 2 weeks SOS biopsy if not resolving  **Progress Notes**  **Date : 18/03/2024**  **ProgressNotes :**  a tongue (right lateral tongue)  pT2N0 (left lateral tongue)  pT1N0  Moderately differentiated squamous cell carcinoma  S/P WLE (right and left lateral tongue lesion) bilateral SND (LEVELS I-IV) with shape modified RFFF with  tracheostomy under GA 12.03.2020.  Re-exploration for flap congestion under GA on 13.03.2020.  doing well  No complaints  o/E: flap good  NEck- NED  adv- R/V after 6 months |
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**Operative Notes**

**Date : 12/03/2020**

**ProgressNotes :**

procedure- WLE (right and left lateral tongue lesion) bilateral SND (LEVELS I-IV) with shape modified RFFF

with tracheostomy under GA

findings- 2x2cm ulcer over right lateral border with central slough and 1x1cm ulcer on left lateral border of

tongue. right level Ib and IIa/b small nodes

surgeons- Dr SI/ Dr Janardhanan, DR Ridhi Sood, Dr Tejal, Dr Abhinandan/ Vasundhara

Under GA with all aseptic precautions. transverse upper skin crease incision taken from angle of mandible on

one side to opposite side angle of mandible. Subplatysmal flaps elevated. bl level I-IV SND done, preserving

marginal mandibular nerve, spinal accessory and IJV on both sides. Wide local excision of both the lesions

done with 1 cm margins in 3 dimensions. specimen oriented and sent for HPE. hemostasis achieved.

shape modified RFFF harvested from right forearm with skin paddle measuring 13x3cm with pedicle length of

approx 8cm and cephalic vein was also harvested. Central area of Skin paddle de-epithelialized. a submucosal

tunnel made along ventral aspect of tongue such that majority of flap used to cover right sided defect with

de-epithelialized segment tunneled through the submucosal pocket and distal part of flap used for covering left

sided tongue defect. tunnel made in floor of mouth on right side posterior to myelohyoid, to pass the pedicle

with cephalic vein to right side of neck. Microanastomosis done to rt facial artery and vein. closure of neck

done in layers over a suction and gloved drain. RFFF donor site closed primarily over a suction drain.

Tracheostomy done. Procedure uneventful.

Radiation onco

**Date : 30/03/2020**

**ProgressNotes :**

Mrs.Jisha K.V,43 year old lady from Koothatukulam presented with complaints of Ulcers both side of tongue

around 2 month,It was associated with pain while having food.

It was not associated with ear ache.

No h/o bleeding from the lesion.

No h/o leukoplakia or erythroplakia.

No h/o sharp teeth.

Was evaluated here in Dental and did scaling of teeth and was asked to review after 2 weeks.

O/E- 3x3cm ulcer over right lateral border with central slough.

5x5cm ulcer on left lateral border, both severely tender, no induration.

Co-morbidities- Nil.

Habits-Nil.

She underwent biopsy from the lesion which was s/o Poorly differentiated squamous cell carcinoma.

Imaging done from outside.

She underwent WLE (right and left lateral tongue lesion) bilateral SND (LEVELS I-IV) with shape modified

RFFF with tracheostomy under GA 12.03.2020.

Re-exploration for flap congestion under GA on 13.03.2020.

Post op HPEModerately

differentiated squamous cell carcinoma

- Sites -right and left lateral border of tongue

- Size - lesion in right lateral border is 2.4x1.3x0.7cm

left lateral border of tongue is 1x0.7x0.4cm.

-Depth of invasion in right tongue lateral border is 0.6cm, in left tongue lateral border is 0.3cm.

-All mucosal and soft tissue margins are free of tumour

-No PNI (score0)

-LHR- Patches of lymphocytic infiltrate (score 1)

-WPOI- Pattern 4(score1)

-Risk group -(0+1+1=2 )intermediate risk (both right and left)

-Level IA -3 reactive lymph nodes -free of tumour

Right level IB to IV- 28 reactive lymph nodes-free of tumour .

Salivary gland free of tumour.

Left level IB to IV- 34 reactive lymph nodes - free of tumour .

Salivary gland - free of tumour.

AJCC staging- (right lateral tongue) pT2N0 (left lateral tongue) pT1N0 .

O/E-ECOG-1

Afberile.

Wt-65.3Kg.

Oral cavity-flap healthy.

Tongue movements-Restricted.

This patient does not have any family h/o malignancy,No pre cancerous lesion in the tongue.No h/o dental

trauma or sharp teeth.

She does not have any habits also.

Post op HPE also shows a tumor size of only 2.4x1.3x0.7cm in right lateral border and left lateral border of

tongue is 1x0.7x0.4cm.

Depth of invasion 0.6cm in right lat border of tongue, in left tongue lateral border is 0.3cm.

No LVI,PNI.

Nodes negative.

Margins free.Left-0.7cm and Right-0.5cm

LHR-Score 1

Risk group-Intermediate risk.

Right-pT2N0

Left-pT1No.

Considering all these factors treatment options discussed with the patient.If patient can regularly review in OP

for close follow up,its preferable to do so rather than giving adjuvant RT at present.

Patient and husband have been explained well about the importance of close follow up and risks

involved.Since they agree for close follow advice to review in Head and neck surgery on monthly basis with

Serial USG for first 1 year and then as advised.

Radiation onco 2

**ProgressNotes :**

Ca tongue

(right lateral tongue) pT2N0

(left lateral tongue) pT1N0

Moderately differentiated squamous cell carcinoma

S/P WLE (right and left lateral tongue lesion) bilateral SND (LEVELS I-IV) with shape modified RFFF with

tracheostomy under GA 12.03.2020.

Re-exploration for flap congestion under GA on 13.03.2020.

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Post op HPE also shows a tumor size of only 2.4x1.3x0.7cm in right lateral border and left lateral border of

tongue is 1x0.7x0.4cm.

Depth of invasion 0.6cm in right lat border of tongue, in left tongue lateral border is0.3cm.

Margins free.Left-0.7cm and Right-0.5cm

LHR-Score 1

Risk group-Intermediate risk.

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She was advised close follow up regularly, review in OP for close follow up,as its preferable to do so rather

than giving adjuvant RT.

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Post surgery 3 years 8 months

O/E:

No trauma on tongue.

tongue movements are good

speaking well

Taking normal diet

Oral cavity: NED

Neck: No palpable neck nodes

USG Neck: Small benign appearing nodes in right level Ib.

PLAN: To rpt USG Neck

R/A 6 months