**RADIOLOGY REPORT**

**Created Date:** 21/02/2018

**Study Done:**

**MRI HEAD AND NECK (CONTRAST)**

***Clinical info: To rule out carcinoma tongue***

**Findings**:

Enhancement noted along the undersurface of tongue near the midline adjacent to frenulum .Lesion donot

involve the sublingual glands.

The myelohyoid muscle and floor of mouth appear normal.

Few oval lymphnodes noted in level Ia,both level Ib,II,largest in left level II measuring 10x 6 mm.(benign)

Larynx and pharynx appear normal.

Carotid and jugular vessels appear normal.

Both parotid and submandibular salivary glands appear normal.

Bones show normal signal.

**Impression:**

• **Enhancement along the ventral surface of anterior third of oral tongue.No extension to floor**

**of mouth.**

• **No significant nodes.**

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 13/03/2018

**Received on :** 13/03/2018

**Reported Date :** 26/03/2018

**Gross Description :**

Received in formalin are 17 specimens. The Ist specimen labelled ' Wide excision floor of mouth marginal

mandibulectomy, double stitch lateral, single stitch posterior" consists of the same measuring 6x3.5x1.5cm. only

teeth sockets identified, no teeth seen. An irregular granular grey white area noted on the lower gingival mucosa

around the tooth socket measuring 1.5 x1 cm. Lesion is 2.5 cm the right lateral mucosal bony margin, 2 cmfrom

the left lateral mucosal / bony margin, 1 cm from anterior soft tissue margin and 2.5cm from away from

posterior mucpsal / soft tissue margin. Representative sections are submitted as follows:

A1 - Right lateral mucosal margin

A2 - Left lateral mucosal margin

A3 - Anterior soft tissue margin

A4 - Posterior mucosal soft tissue margin.

FB1 & FB2 - inferior bony margin

FB4-5 - Lesion with gingival mucosa.

FB6 - bone with lesion

Specimen II labelled "Additional left lateral mucosal margin" consists of a tiny grey white mucosa covered

tissue bit measuring 0.8x0.7x0.2cm. Entire specimen submitted in cassette B.

Specimen III labelled "Additional anterior mucosal margin lip" consists of elongated thin grey brown tissue bit

measuring 3x0.2cm. Entire specimen submitted in cassette C.

Specimen IV labelled "Additional right lateral mucosal margin " consists of mucosa covered tissue bit measuring

0.6x0.2x0.2cm. Entire specimen submitted in cassette D.

Specimen V labelled " Addtional right lateral mucosal margin" consists of mucosa covered tissue bit measuring

0.6x0.2x0.2cm. Entire specimen submitted in cassette E.

Specimen VI labelled "Right prefacial node" consists of two nodular grey brown tissue bits, largest measuring

1.2x0.6x0.5cm. other measuring 1x0.6x0.2cm. 2 lymph nodes identified, largest measuring 1.5cm in greatest

dimension. Entire specimen submitted in cassettes F1 & F2.

Specimen VII labelled "Additional posterior mucosal margin floor of the mouth" consists of a mucosa covered

tissue bit measuring 0.7x0.6x0.2cm. Entire specimen submitted in cassette G.

Specimen VIII labelled "Level IA" consists of a fibrofatty tissue measuring 3.2x2.5x0.5cm. ? 3 lymph nodes

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

specimen IX labelled "Right level IB" consists of multiple grey white tissue bit measuring 4.5x4x1cm. Grossly

no lymph nodes identified. Representative sections are submitted in cassettes J1 to J3.

Specimen X labelled "Right level IIA" conists of multiple fibrofatty tissue largest measuring 4x1x0.6cm.

smaller measuring 1.5x0.7x0.5cm. ? 3 lymph nodes identified, largest measuring 1.6cm in greatest dimension.

Entire specimen submitted in cassettes K1 to K3.

Specimen XI labelled "Right level IIB"consists of 2 fragments of fibrofatty tissue , largest measuring

2.5x2x0.6cm. other measuring 1.6x1x0.5cm. ? 2 lymph nodes identified, largest measuring 0.5cm in greatest

dimension. Entire specimen submitted in cassettes L1 to L3.

Specimen XII labeled "right level III & IV" consists of multiple fibrofatty tissue in aggregate measuring

3x3x1cm. ? 3 lymph nodes identified, largest measuring 1.6cm in greatest dimension. Entire specimen

submitted in cassettes M1 to M5.

Specimen XIII labelled "Left level IB' consists of multiple fibrofatty tissue in agregate measuring 5x4.5x1.5cm.

? 3 lymph nodes identified, larger measuring 1.7cm in greatest dimension. Representative sections are

submitted in cassettes N1 to N4.

Specimen XIV labelled " Left level IIA" consists of multiple irregular fibrofatty tissue in aggregate measuring

4x3x1cm. 4 lymph nodes identified, largest measuring 2.6cm in greatest dimension. Entire specimen

submitted in cassettes P1 to P5.

Specimen XV labelled "IIB left " consists of single fibrofatty tissue measuring 2x1x0.5cm. ? 2 lymph nodes

identified. Entire specimen submitted in cassette Q.

Specimen XVI labelled " Level III left" consists of single fibrofatty tissue measuring 5x1x1cm. ? 1 lymph node

identified. Entire specimen submitted in cassette R1 & R2.

Specimen XVII labelled " level IV left" consists of a single fibrofatty tissue measuring 2.5x1.5x0.5cm. No

lymph nodes identified grossly. Entire specimen submitted in cassette S.

(Dr. Sikha/mm)

**Microscopic Description :**

A. Section shows hyperplasia of the lining epithelium with an infiltrating neoplasm arising in it. Epithelium

appear dysplastic with keratin pearls and is seen invading in broad fronts eliciting a moderate amount of

inflammatory infiltrate at the interface.

B. Additional soft lateral mucosal margin - Free of tumour

C. Additional anterior mucosal margin lip - Free of tumour

D. Additional lateral mucosal margin - free of tumour

E. Additional deep soft tissue margin - free of tumour

F. Right prefacial node - 0/2 - free of tumour

G. Additional posterior mucosal margin - Mild dysplasia seen. No invasive tumour

H. Level IA-0/4 nodes free of tumour

J. Right level IB - 0/1 lymph node free of tumour.Salivary gland free of tumour

K. Right level IIA - 0/5 nodes - free of tumour

L. Right level IIB - 0/8 nodes - free of tumour

M. Right level III and IV - 0/14 nodes - free of tumour

N. Left level IB - 0/3 nodes - free of tumour

P. Left level II A - 0/16 nodes - free of tumour

Q. Left level IIB- 0/1 nodes - free of tumour

R. Left level III - 0/5 nodes - free of tumour

S. Left level IV nodes - No lymph node nodes identified.

**Impression :**

Wide excision floor of mouth with marginal mandibulectomy and bilateral SND -

Well differentiated squamous cell carcinoma, floor of mouth

Tumor measures 1.5 x 1x 0.3 cms

Depth of invasion 2 mm

WPOI - score1

PNI - absent

LHR - score 0

Risk group - low

All margins including the additional ones and bony margins are free of tumor

No bony infiltration seen

All lymph nodes sampled are free of tumor(0/28+0/25)

Stage pT2N0

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| **Date of Admission :**11/03/2018 | **Date of Procedure :**12/03/2018 |

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| **Date of Discharge :**22/03/2018 |

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

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| **DIAGNOSIS :** |
| Carcinoma floor of mouth |

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| **PROCEDURE DONE :** |
| Wide local excision + marginal mandibulectomy + bilateral nack dissection + bilateral FAMM flap reconstruction under GA on 12/03/2018. |

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| **DRUG ALLERGIES :** Not known. |

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| **HISTORY :** |
| 54 year old male, hailing from Thrishur came with c/o ulcer in mouth below tongue since 1year occasional pain h/o biopsy taken from the lesion comorbidities HTN on medication habits smoking biopsy WD scc ct neck plain 5/2/18 (films not brought)- suspicious ill defined enhancing 1.6x1.1cm area left anterior floor of mouth rt level Ib 1.4x0.6cm rt level II 1.8x0.7cm III/IV-1.2x 0.6cm left Ib 1.3x0.7 and II 1.5x0.6cm imp ca floor of mouth ?cT1NoMx Now came here for further management |

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| **PERSONAL HISTORY :** |
| h/o hypertension for 5yrs now on Amlodipine 5 mg. No h/o DM/DLP. No h/o Bronchial asthma/TB/CAD/CVA/thyroid disorders /seizures/jaundice/liver/kidney problems No h/o fever/ cold No h/o chest pain palpitations/ breathlessness/cough Good effort tolerance Normal bowel and bladder habits. Breath holding test 25 sec |

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| **CLINICAL EXAMINATION :** |
| o/e KPS 100 poor dental hygiene, leukoplakic small patch 2x2mm over rt side of floor of mouth,opp lower rt PM induration present in floor of mouth towards alveolus neck no palpable nodes |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| Patient was admitted with above mentioned complaints. After all relevant investigation and evaluation he underwent wide local excision + marginal mandibulectomy + bilateral nack dissection + bilateral FAMM flap reconstruction under GA. His peri and post operative period was uneventful. |

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| **OPERATIVE FINDINGS :** |
| Findings : 2\*2 cm large lesion floor of mouth with minimal erosion of mandible procedure : wide local excision + marginal mandibulectomy + bilateral nack dissection + bilateral FAMM flap reconstruction steps : under GA with nasal intubation proper aseptic and antiseptic precautions wide excision of floor of mouth lesion done with adequate 1 cm margin. tooth extraction done. marginal mandibulecotmy done from second premolar to first molar. additional margins taken. all specimens sent for HPE examination . haemostasis achieved. defect closed with bilateral inferiorly based FAMM flap.facial artery demarcated with doppler. FAMM flap designed and harvested in a plane lateral to buccinator muscle. flap is rotated and inset done. similar procedure repeated on other side for FAMM flap harvest and inset. bilateral neck dissection done level I to IV. marginal mandibular nerve identified and preserved. spinal accessory nerve on both sides identified and preserved. facial vessels identified and preserved in continuity. IJV and structures in carotid sheath identified and preserved. bilateral drain no 14 kept and wound closed in layers. patient shifted to 1.1 ICU for immediate post op care. |

02/2018

**Relevant clinical details :**

54 year old male, hailing from Thrishur

came with c/o ulcer in mouth below tongue since 1year

occasional pain

h/o biopsy taken from the lesion

comorbidities HTN on medication

habits smoking

o/e

KPS 100

poor dental hygiene,

leukoplakic small patch 2x2mm over rt side of floor of mouth,opp lower rt PM

induration present in floor of mouth towards alveolus

neck no palpable nodes

biopsy WD scc

ct neck plain 5/2/18 (films not brought)- suspicious ill defined enhancing 1.6x1.1cm area left anterior floor of

mouth

rt level Ib 1.4x0.6cm

rt level II 1.8x0.7cm III/IV-1.2x 0.6cm

left Ib 1.3x0.7 and II 1.5x0.6cm

imp ca floor of mouth ?cT1NoMx

adv-slide review

issue of CT CD

MRI HN

CT Chest

**Agreed Plan of management :**

slide review

issue of CT CD

MRI HN

CT Chest

28.2.18- to dicuss MRI with Dr sandhya madam for bony involvement

**Histopathology Tumour Board Discussion**

**Date of tumor board discussion :** 25/04/2018

**Histology (include histology done / reviewed elsewhere) :**

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No bony infiltration seen

All lymph nodes sampled are free of tumor(0/28+0/25)

Stage pT2N0

**Agreed Plan of management :**

Observation

**Progress Notes**

**Date : 20/02/2018**

**ProgressNotes :**

54 year old male, hailing from Thrishur

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left Ib 1.3x0.7 and II 1.5x0.6cm

imp ca floor of mouth ?cT1NoMx

advslide review

issue of CT CD

MRI HN

CT Chest

**Operative Notes**

**Date : 12/03/2018**

**ProgressNotes :**

1.1 OT

diagnosis : ca floor of mouth

findings : 2\*2 cm large lesion floor of mouth with minimal erosion of mandible

procedure : wide local excision + marginal mandibulectomy + bilateral nack dissection + bilateral FAMM flap

reconstruction

steps :

under GA with nasal intubation

proper aseptic and antiseptic precautions

wide excision of floor of mouth lesion done with adequate 1 cm margin. tooth extraction done. marginal

mandibulecotmy done from second premolar to first molar. additional margins taken. all specimens sent for

HPE examination . haemostasis achieved.

defect closed with bilateral inferiorly based FAMM flap.facial artery demarcated with doppler. FAMM flap

designed and harvested in a plane lateral to buccinator muscle. flap is rotated and inset done. similar procedure

repeated on other side for FAMM flap harvest and inset.

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accessory nerve on both sides identified and preserved. facial vessels identified and preserved in continuity.

IJV and structures in carotid sheath identified and preserved. bilateral drain no 14 kept and wound closed in

layers.

patient shifted to 1.1 ICU for immediate post op care.

**Progress Notes**

**Date : 06/08/2024**

**ProgressNotes :**

Case of Carcinoma floor of mouth

s/p Wide local excision + marginal mandibulectomy + bilateral neck dissection + bilateral FAMM flap

reconstruction under GA on 12/03/2018.

HPR - Well differentiated squamous cell carcinoma, floor of mouth Tumor

pT2N0

HPR TBD- observation

came for follow up

O/e Oral : NEd

Neck NEd

adv- r/v after 1 yr