**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 15/07/2015

**Received on :** 15/07/2015

**Reported Date :** 30/07/2015

**Gross Description :**

Received in formalin are 18 specimens. The Ist specimen labelled "WLE anterior floor of mouth with anterior

segmental mandibulectomy + partial anterior glossectomy", consists of mandible measuring 11x3.5cm, tongue

measuring 4.5x3cm. A lesion is seen in the floor of mouth measuring 4.5x4x1.8cm. The lesion is 0.6cm from

right mucosal margin, 1cm from left mucosal margin, 1cm from posterior tongue margin,The lesion is seen

extending from FOM is seen extending into base tongue, soft tissue and tongue, close to posterior soft tissue

margin. Representative sections are submitted as follows:

A1 & A2 - Posterior tongue and soft tissue margin

A3 & A4 - Lesion with posterior soft tissue margin

A5 - Lateral mucosal margin

A6 - Right inferior soft tissue margin

A7-9: Lesion with bone

A10,11: right and left bone margins.

Specimen II labelled "Additional left lateral mucosal margin", consists of single grey white tissue bit measuring

1x0.6x0.5cm. Entire specimen submitted in cassette B.

Specimen III labelled "Left additional lateral soft tissue margin", consists of grey brown tissue bit measuring

0.6x0.8x0.5cm. Entire specimen submitted in cassette C.

Specimen IV labelled "Additional inferior soft tissue mass floor of mouth", consists of soft tissue measuring

2.5x1.5x1cm. Entire specimen submitted in cassette D.

Specimen V labelled "Additional posterior dorsal tongue margin", consists of mucosa covered tissue bit

measuring 1.5x0.6x0.5cm. Entire specimen submitted in cassette E.

Specimen VI labelled "Left level IA",consists of nodular tissue bit measuring 2x1x1cm. 3 lymph nodes

identified. Largest measuring 1cm in greatest dimension. Entire specimen submitted in cassettes F1 to F3.

Specimen VII labelled "Left prefacial node", consists of single node measuring 1x1x0.5cm. Entire specimen

submitted in cassette G.

Specimen VIII labelled "Left level IB", consists of nodular fibrofatty tissue measuring 3x2x2cm. Cut surface

shows 2 lymph nodes and salivary gland. Representative sections are submitted in cassettes H1 to H3.

Specimen IX labelled "Left level IIA", consists of a fibrofatty tissue measuring 3x2x1cm. Cut surface shows 2

lymph nodes. Entire specimen submitted in cassettes J1 & J2.

Specimen X labelled "left level IIB", consists of fibrofatty tissue measuring 3x2x1cm. 5 lymph nodes identified.

Representative sections are submitted in cassettes K1 to K3.

Specimen XI labelled "Left level III", consists of nodular fibrofatty tissue measuring 2x2x1cm. 3 lymph nodes

identified each measuring 1cm in greatest dimension. Entire specimen submitted in cassettes L1 to L3.

Specimen XII labelled "left level IV", consists of nodular fibrofatty tissue measuring 2x1x1cm. 2 lymph nodes

identified. Entire specimen submitted in cassettes M1 & M2.

Specimen XIII labelled "Right prefacial node", consists single node measuring 1cmin greatest dimension.

Entire specimen submitted in cassette N.

Specimen XIV labelled "right level IB", consists of nodular fibrofatty tissue measuring 3x2x1cm. 4 lymph

nodes identified. Largest measuring 3cm in greatest dimension. Representative sections are submitted in

casssettes P1 to P3.

Specimen XV labelled "Right level Ib", consists of nodular fibrofatty tissue measuring right IIA", consists of

nodular fibrofatty tissue measuring 3x2x1.5cm. 3 lymph nodes identified. Largest measuring 4cm in greatest

dimension. Representative sections are submitted in cassettes Q1 to Q3.

Specimen XVI labelled "right level IIB", consists of nodular fibrofatty tissue measuring 2x1x1cm. 4 lymph

nodes identified. Entire specimen submitted in cassette R.

Specimen XVII labelled "right level III", consists of nodular fibrofatty tissue measuring 3x2x1cm. 2 lymph

nodes identified. Representative sections are submitted in cassettes S.

Specimen XVIII labelled "Right IV", consists of single node measuring 2x1x0.5cm. Entire specimen submitted

in cassette T.

**Microscopic Description :**

Type of specimen: WLE anterior floor of mouth with anterior segmental mandibulectomy+partial anterior

glossecotmy

Histological type: Squamous cell carcinoma

Differentiation : Moderate

Invasive front: Cohesive

Maximum tumor size: 4.5x4x1.8cm

Maximum depth of invasion: 1.8cm

Vascular invasion- No

Nerve invasion - Present

Bone invasion: Present

Margins: The tumor is 1cm from posterior tongue and soft tissue margin, 0.5cm from left lateral and 0.6cm from

right lateral mucosal margins.

"Additional left lateral mucosal margin, left additional lateral soft tissue margin, additional floor soft tissue

margin, additional posterior dorsal tongue margins": Free of tumor. Bone margins - free of tumor.

Lymph nodes:

"Left level IA": Two lymph nodes, free of tumor.

"Left pre facial node": One lymph node, free of tumor.

"Left level Ib":Two lymph nodes and salivary gland, free of tumor.

"Left level IIA": 12 lymph nodes, free of tumor.

"Left level IIB": Eight lymph nodes, free of tumor.

"Left level III": Five lymph ndoes, free of tumor.

"Left level IV": Four lymph nodes, free of tumor.

"Right pre facial node": One lymph node, free of tumor.

"Right level IB": Three lymph nodes and salivary gland, free of tumor.

"Right level IIA": Six lymph nodes, free of tumor.

"Right level IIB": Three lymph nodes, free of tumor.

"Right level III": One lymph node, free of tumor.

"Right level IV": Four lymph nodes, free of tumor.

**Diagnosis :**

Type of specimen: WLE anterior floor of mouth with anterior segmental mandibulectomy+partial anterior

glossecotmy

Histological type: Squamous cell carcinoma

Differentiation : Moderate

Invasive front: Cohesive

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"Right level III": One lymph node, free of tumor.

"Right level IV": Four lymph nodes,free of tumor.

pTNM stage:pT4aN0

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| **Date of Admission :**15/07/2015 | **Date of Procedure :**16/07/2015 |

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| **Date of Discharge :**31/07/2015 |

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

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| **DIAGNOSIS :** |
| carcinoma floor of mouth involving mandible and tongue |

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| **PROCEDURE DONE :** |
| Wide local excision (Floor + Anterior tongue + Anterior segmental mandibulectomy (angle to angle) + Bilateral selective neck dissection(i-IV) + Double free flap recon with free fibula flap and Radial forearm free flap + SSG + tracheostomy under GA on 16/07/2015 |

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| **HISTORY :** |
| 28 year old male patient came with presenting complaints of ulceroproliferative lesion in the floor of mouth since 3 to 4 weeks as said by the patient.He had history of pain, loose tooth present,bleeding from the lesion present and had history of weight loss. Biopsy (outside - WDSCC) MDCT (outside)- shows a lesion involving the FOM extending laterally and mandible and tongue Admitted for further managemnt. |

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| **CLINICAL EXAMINATION :** |
| l/e: a large ulceroproliferative lesion in the floor of mouth of size 8 x 5 cm involving the whole anterior and lateral part of the region ,extending to the ventral surface of tongue and also the anterior mandible induration is extending to the posterior part of oral tongue BOT is clinically free from the lesion loose tooth present scopy - larynx - NAD |

**INVESTIGATIONS :**

**Haemogram:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** | **Hb: g/dl** | **PCV: %** | **PLT: ku/ml** | **TC: ku/ml** | **DC: N %** | **L: %** | **E: %** | **ESR: mm/1st hr** |
| 15/07/2015 | 10.4 | 29.9 | 307 | 32.5 | 89.1 | 4.8 | 0.0 | - |
| 16/07/2015 | 7.8 | 22.3 | 174 | 20.0 | 94.3 | 3.3 | 0.0 | - |
| 17/07/2015 | 9.2 | 25.9 | 163 | 16.7 | 89.9 | 4.7 | 0.0 | - |
| 18/07/2015 | 10.7 | 30.1 | 201 | 13.3 | 87.0 | 7.9 | 0.2 | - |
| 19/07/2015 | 12.0 | 33.8 | 243 | 11.6 | 87.8 | 6.3 | 0.7 | - |
| 20/07/2015 | 13.9 | 39.5 | 318 | 15.4 | 80.2 | 10.1 | 0.9 | - |

**Renal Function Test and Serum Electrolytes:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date:** | **Urea: mg/dl** | **Creatinine: mg/dl** | **Na+: mEq/L** | **K+: mEq/L** |
| 15/07/2015 | - | - | 132.1 | 4.0 |

Date: 20/07/2015

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| --- | --- |
| RBC-COUNT-Blood : 4.44 M/uL | MCV-Blood : 89.0 fL |

|  |  |
| --- | --- |
| MCH-Blood : 31.4 pg | MCHC-Blood : 35.2 g/dl |

|  |  |
| --- | --- |
| RDW-Blood : 15.0 % | MPV-Blood : 7.2 fL |

|  |  |
| --- | --- |
| MONO -Blood : 8.5 % | BASO-Blood : 0.3 % |

Date: 19/07/2015

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| --- | --- |
| RBC-COUNT-Blood : 3.84 M/uL | MCV-Blood : 88.0 fL |

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| --- | --- |
| MCH-Blood : 31.2 pg | MCHC-Blood : 35.5 g/dl |

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| --- | --- |
| RDW-Blood : 15.1 % | MPV-Blood : 7.4 fL |

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| --- | --- |
| MONO -Blood : 4.9 % | BASO-Blood : 0.3 % |

Date: 18/07/2015

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| --- | --- |
| RBC-COUNT-Blood : 3.44 M/uL | MCV-Blood : 87.3 fL |

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| --- | --- |
| MCH-Blood : 31.1 pg | MCHC-Blood : 35.6 g/dl |

|  |  |
| --- | --- |
| RDW-Blood : 15.4 % | MPV-Blood : 7.8 fL |

|  |  |
| --- | --- |
| MONO -Blood : 4.6 % | BASO-Blood : 0.3 % |

Date: 17/07/2015

|  |  |
| --- | --- |
| RBC-COUNT-Blood : 2.95 M/uL | MCV-Blood : 88.0 fL |

|  |  |
| --- | --- |
| MCH-Blood : 31.3 pg | MCHC-Blood : 35.5 g/dl |

|  |  |
| --- | --- |
| RDW-Blood : 15.8 % | MPV-Blood : 7.9 fL |

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| --- | --- |
| MONO -Blood : 5.3 % | BASO-Blood : 0.1 % |

Date: 16/07/2015

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| --- | --- |
| RBC-COUNT-Blood : 2.52 M/uL | MCV-Blood : 88.7 fL |

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| --- | --- |
| MCH-Blood : 30.8 pg | MCHC-Blood : 34.7 g/dl |

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| --- | --- |
| RDW-Blood : 16.7 % | MPV-Blood : 8.0 fL |

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| MONO -Blood : 2.4 % | BASO-Blood : 0.0 % |

Date: 15/07/2015

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| --- | --- |
| RBC-COUNT-Blood : 3.41 M/uL | MCV-Blood : 87.6 fL |

|  |  |
| --- | --- |
| MCH-Blood : 30.5 pg | MCHC-Blood : 34.9 g/dl |

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| --- | --- |
| RDW-Blood : 16.1 % | MPV-Blood : 7.6 fL |

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| MONO -Blood : 6.0 % | BASO-Blood : 0.1 % |

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| Created Date:14/07/2015 MDCT NECK AND CHEST - CONTRAST Suboptimal study due to movement of the patient Ill defined mildly enhancing mass noted involving entire oral tongue extending into sublingual space and bilateral floor of mouth with erosion of body of mandible on left side from the level of 2nd incisor teeth to 1st premolar. No evidence of any other cartilage / bony erosion. Nasopharyngeal structures are normal. Parapharyngeal and retropharyngeal spaces are normal. Multiple enlarged lymphnodes noted in Ia, bilateral Ib and level II largest measuring 1.8x0.8 cm. Thyroid gland is normal. Neck vessels are normal. Small patch of air space opacity noted in right upper lobe and right middle lobe. No evidence of any nodules in bilateral lung parenchyma. No significant mediastinal lymphadenopathy. Tracheobronchial tree is normal. Mediastinal vascular structures are normal. Bones are normal. Visualized upper abdomen are unremarkable. Impression: \* Ill defined mildly enhancing mass in oral tongue extending into floor of mouth and erosion of mandible as described likely to represent malignancy. |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| With above mentioned complaints & reports his case was discussed in H&N tumor board..It was decided to treat him with surgery. After all preliminary investigations and evaluation he was admitted and underwent Wide local excision (Floor + Anterior tongue + Anterior segmental mandibulectomy (angle to angle) + Bilateral selective neck dissection(i-IV) + Double free flap recon with free fibula flap and Radial forearm free flap + SSG + tracheostomy under GA on 16/07/2015. Surgery specimen was sent for HPE. His post operative period was uneventful. Radial forearm graft dressing and fibula graft dressings was removed on 5th POD & graft taken well. Condition at discharge: Stable, afebrile, ryles tube insitu, trach tube insitu |

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| **OPERATIVE FINDINGS :** |
| Findings: Ulceroproliferative tumour involving Floor + Anterior tongue + Anterior segmental mandible. Procedure: Under Nasotracheal intubation. Midline lip split incision joining transverse cervical skin crease incision was given. skin flap elevated . BL level IB dissected out. BL cheek flaps elevated after giving per oral mucosal cuts and mandible was exposed on both sides. Tumour involving floor , mandible and ant tongue. Segmental mandibulectomy done from angle to angle after detaching attachment of ant bellys of digastric, mylohyoid and masseters., Anterior part of tongue and floor muscles cut posteriorly leaving part of oral tongue and base. Additional mucosal margins sent on left lateral , dorsal of tongue and right inferior soft tissue of floor. BL Level II-IV selective neck dissection was done, Large nodes in left level II,III ,and right level II, largest 2 x2 cm in BL level II. Double flap left free fibula for mandible defect and floor and RFFF for tongue was done, Heamostasis achieved, Drain placed. Tracheostomy done with portex 7.5 double lumen. no peri op complications. RECONSTRUCTION NOTE Body ofmandiblebony defect (11 cms) and anterior third oftongue in all dimensions along with FOM Recon: Double free flap recon with free fibula flap and RFFF Findings: Fibula left leg. Single septocutanoues perforator to the skin paddle. Large skin paddle harvested. Bone 2 osteotomies and 3 segments(4x2.5x4). Mandible pre plating donepriorto resection. Skin paddle used to line the neo alveolus. Bone segments fixedwith 2.5 unicortical 8mm locking screws. RFFF from left hand. 6 x 5 cms skin paddle. Harvested with cephalic vein. Skin paddle used to fashion neo tongue and anterior end sutured to the fibula skin paddle. Anastamosis: Fibula : peroneal artery to the right Facial artery and vein to right facial vein. Both 8-0 .RFFF to left facial artery and facial vein both 8-0. Fibula donor site and RFFF donor site closed with SSG from right thigh. Subcut with 2-0 vicryl and skin with staples. |

**Tumour Board Discussion**

**Date of tumor board discussion :** 15/07/2015

**Relevant clinical details :**

a large ulceroproliferative lesion in the floor of mouth of size 6 x 5 cm involving the whole anterior and lateral

part of the region ,extending to the ventral surface of tongue and also the anterior mandible

induration is extending to the posterior part of oral tongue BOT is clinically free from the lesion

loose tooth present over the anterior mandible

scopy - larynx - NAD

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

Biopsy (outside - WDSCC)

**Agreed Plan of management :**

Surgery:WLE + Segmental mandibulectomy+ B/L Neck dissection + double flap reconstruction +

Tracheostomy followed by Adjuvant

**Recommendations :**

In CT chest - there is a lung nodule , suspicious of metastasis

to keep close follow up of the lesion

**HPE Discussion**

**Date of tumor board discussion :** 13/08/2015

**Relevant clinical details :**

pTNM stage:pT4aN0

**Agreed Plan of management :**

Adjuvant radiotherapy

**Tumour Board Discussion**

**Relevant clinical details :**

Hailing from NALGONDA, Andhra Pradesh

carcinoma floor of mouth involving mandible and tongue stage:pT4aN0

WLE + Segmental mandibulectomy+ B/L Neck dissection + double flap reconstruction + Tracheostomy

followed by Adjuvant RT

post RT -3years

cough/fever? low grade x1mnth

C/o dyspnea+ , more on exertion since one month, Orthopnea +

cough on feeds more since 1 month-RT inserted

also c/o pain and difficulty in mouth opening since 1 month

No H/o TB/ Asthma/ COPD/ Pneumonia No H/o DM, HTN, DLP, CVA, CAD, Thyroid disorders, Renal or

hepatic disorders

o/e: KPS -70

plate exposed lower alveolar region

scopy: ? UP lesion right BOT

pooling + +

aspiration +

PETct and MRI taken

**Agreed Plan of management :**

supportive and Palliative care ivo extensive recurrent local disease

**Reconstructive OT notes**

**Date : 15/07/2015**

**ProgressNotes :**

11OT

14.7.2015

Diagnosis: Ca. alveolus + FOM

Defect: Body ofmandiblebony defect (11 cms) and anterior third oftongue in all dimensions along with FOM

Recon: Double free flap recon with free fibula flap and RFFF

Findings: Fibula left leg. Single septocutanoues perforator to the skin paddle. Large skin paddle harvested.

Bone 2 osteotomies and 3 segments(4x2.5x4). Mandible pre plating donepriorto resection. Skin paddle used to

line the neo alveolus. Bone segments fixedwith 2.5 unicortical 8mm locking screws.

RFFF from left hand. 6 x 5 cms skin paddle. Harvested with cephalic vein. Skin paddle used to fashion neo

tongue and anterior end sutured to the fibula skin paddle.

Anastamosis: Fibula : peroneal artery to the right Facial artery and vein to right facial vein. Both 8-0 .RFFF to

left facial artery and facial vein both 8-0.

Fibula donor site and RFFF donor site closed with SSG from right thigh.

Subcut with 2-0 vicryl and skin with staples.

**Operative notes**

**Date : 21/07/2015**

**ProgressNotes :**

21.7.2015

11 OT

Diagnosis : Ca.FOM post surgery and double free flap with neck infection left side

Surgery: I+D under LA

Findings: 5 cc pus from the left neck. Swab sent for c/s

Neck sutures removed

Neck wound washed with 2L saline

Fibula flap skin paddle bleeding well

Neck wound closed with loose sutures

**Progress Notes**

**Date : 30/08/2018**

**ProgressNotes :**

carcinoma floor of mouth involving mandible and tongue stage:pT4aN0

WLE + Segmental mandibulectomy+ B/L Neck dissection + double flap reconstruction + Tracheostomy

followed by Adjuvant RT

post RT -3years

cough/fever? low grade x1mnth

C/o dyspnea+ , more on exertion since one month, Orthopnea +

cough on feeds more since 1 month-RT inserted

also c/o pain and difficulty in mouth opening since 1 month

No H/o TB/ Asthma/ COPD/ Pneumonia No H/o DM, HTN, DLP, CVA, CAD, Thyroid disorders, Renal or

hepatic disorders

o/e: KPS -70

plate exposed lower alveolar region

scopy: ? UP lesion right BOT

pooling + +

aspiration +

PETct and MRI taken

Tumour board Agreed Plan of management :

supportive and Palliative care ivo extensive recurrent local disease

adv-

Patient and by standers counselled regarding nature and extent of disease and need for best supportive and

palliatrive care

Adv

Pain and palliative review

Pulmono9 Medicine eview