**Impression :**

**MDCT NECK AND HEAD CONTRAST**

*Known case of left buccal mucosa with orocutaneus fistula.*

*Findings:*

**Head and neck:**

Irregular heterogenously enhancing soft tissue lesion noted involving left cheek with fistula / defect in the cheek inferiorly.

Superiorly lesion is causing erosions of anterior wall of left maxillary sinus, seen involving masseter muscle with infratemporal fossa extension. There is erosion maxillary alveolar margin.

Inferiorly lesion is involving left mandibular gingiva, Inferior gingivo buccal sulcus, left side floor of mouth.

Right side preseptal (orbital) region shows heterogenously enhancing soft tissue lesion measuring 1.6 x 1.1cm.

Multiple enlarged lymphnodes seen at bilateral level II region.

Fluid collection seen in bilateral maxillary sinus.

Pharyngeal structures are normal.

Larynx and subglottic region are normal.

Brain- Neuroparenchyma is normal.

IMPRESSION

*Known case of left buccal mucosa with orocutaneus fistula.*

        **Irregular soft tissue lesion involving left cheeck with extension as described.**

        **Right orbital Preseptal soft tissue lesion ? deposit.**

        **Cervical lymphadenopathy.**

**CT CHEST - CONTRAST**

Well defined nodular opacity measuring 1.7 x 0.9cm seen in anterior segment of left upper lobe.

Rest of the lungs are normal.

No pleural effusions seen.

Mediastinal structures are normal. No significant lymphadenopathy.

**IMPRESSION**

        **Nodular lesion in left upper lobe anterior segment -? Deposit.**

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| **CYTOLOGY REPORT** |

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| |  | | --- | | **Cytology Lab No :**  AC-152/11 | |  | |
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| |  |  | | --- | --- | | **Ref by :**  Dr. Deepak |  | |
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| |  |  | | --- | --- | | **Collection Date :**  20/01/2011 | **Collection Time :**  2.00 pm | |
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| |  |  | | --- | --- | | **Received Date :**  20/01/2011 | **Received Time :**  2.00 pm | |
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| **Clinical Impression :**  Case of ca buccal mucosa with swelling above right eye. Kindly do FNAC from firm portion of swelling. |
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| **Sample Description :**  - FNAC from right eye - 3 dry and 3 wet smears prepared. |
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| **Microscopic Description :**  The preparations show sheets of neutrophil polymorphs, macrophages and occasional multinucleated giant cells against a background of inflammatory debris. No granuloma/ malignant cells seen. |
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| **Impression :**  FNA above right eye: Suggestive of abscess. |

**SURGICAL PATHOLOGY REPORT**

**Ref By :** Dr.Subramania Iyer

**Date of sample collection :** 01/02/2011

**Received on :** 01/02/2011

**Reported Date :** 02/02/2011

**Histology Lab No :** S11-1144

**Clinical Impression :**

Carcinoma Buccal Mucosa

**Gross Description :**

Received in fresh are three specimens. The I specimen labelled as "Maxillary Sinus mucosa distal portion to rule

out malignancy", consists of single grey white tissue bits measures 0.2x0.5x0.2cm.

Frozen I read as :

Negative for Malignancy.

Specimen II labelled as "Muscle from infra temporal fossa", consists of single grey brown tissue bits measures

0.5x0.4x0.3cm.

Frozen II read as : Muscle from infra temporal fossa :- Negative for malignancy.

Specimen III labelled as "submental tissue", consists of single grey brown tissue bits measures 0.8x0.5x0.2cm.

Frozen III read as : Positive for Malignancy.

Subsequently received in formalin are 11 specimens. The I specimen labelled as "WLE + Total Maxillectomy +

Hemimandibulectomy", consists of flap of skin with portion of upper and lower lip mucosa, segment of mandible

and maxilla together measures 12x10x6cm. Mandible measures 10 cm in length. Surface of skin show an

ulcerated area measures 5x4cm and another ulcer measures 0.5cm in greater dimension situated 3 cm below and

lateral to the first one. Multiple skin nodules identified of size varying from 0.5-0.9cm. The upper lip shows a

grey white lesion measures 0.5cm in greater dimension. The lesion is situated 1cm away from mucosal resected

margin. Lower lip shows a nodularity measures 0.3cm in greater dimension,on skin surface which is situated

1.5cm from lower lip mucosal resected margin. The large ulcer is situated 3cm away from upper lip resected

margin, 3.1cm away from lower lip resected margin. 6.5cm away from inferior skin margin, 5.5cm away from

posterior skin margin, 1.3cm away from superior skin margin. Ulcerated tumor roughly measures 6x4x3cm

which is situated 0.5cm away inferior mucosal margin, 0.5cm away from anterior mucosal margin, 1.1cm away

from superior mucosal margin, 1.8cm away from inferior mucosal margin, 3.5cm away from posterior soft tissue

margin, 5cm away from inferior soft tissue margin, 1cm away from medial soft tissue margin. The floor of the

ulcer is irregular and grey brown. Cut section of the tumor is grey white. No lymphnodes identified.

Representative sections are submitted as follows:

A1 - Upper lip mucosal margin

A2 - Lower lip mucosal margin

A3 - From grey white lesion in upper lip

A4 - From nodularity in lower lip

A5 - Superior skin margin

A6 - Inferior skin margin

A7 - Posterior skin margin

A8 - Skin from area of small ulcer

A9-A11 - From the nodules on the skin surface

A12 - A14 - Ulcer wall with skin

A15 - A18 - From tumor

A19 - Inferior mucosal margin

A20 - Anterior mucosal margin

A21 - Posterior mucosal margin

A22 - Superior mucosal margin

A23 - Posterior soft tissue margin

A24 - Inferior soft tissue margin

A25 - Medial soft tissue margin

A26 - A27 - Soft tissue with tumor

A28 - A31 - From soft tissue

The II specimen labelled as "Left Level II", consists of single grey brown tissue bit measures 3.5x2.5x1.5cm. No

lymphnodes identified seperately. Representative sections are submitted in cassette B.

Specimen III labelled as "Left Level III", consists of single fibrofatty tissue measures 3x1x0.5cm. 3 lymphnodes

identified. Largest one measures 1cm in greater dimension. Cut section grey brown. Representative sections are

submitted in cassette C.

Specimen IV labelled as "Right prefacial node", consists of single fibrofatty tissue measures 1.5x1x0.8cm.

Single lymphnodes identified measures 1.3cm in greater dimension. Cut section grey brown. Representative

sections are submitted in cassette D.

Specimen V labelled as "Right level Ia", consists of single fibrofatty tissue measures 3x1.5x1cm. 1 lymphnodes

identified measures 1cm in greater dimension. Cut section grey white. Representative sections are submitted in

E1 and E2 cassettes.

Specimen VI labelled as "Right submandibuilar glaw", consists of single grey brown tissue bit measures

3.2x1.5x1cm. Cut section grey brown. Entire specimen submitted in F1 and F2 cassettes.

MRD No:980975 Name:Mr. M. UMABHASKARAN

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Specimen VII labelled as "Right level IIa", consists of single fibrofatty tissue measures 3x2x1cm. 3 lymphnodes

identified measures 0.5cm in greater dimension. Cut section grey white. Representative sections are submitted in

cassette G.

Specimen VIII labelled as "Right level IIb", consists of single fibrofatty tissue measures 2.5x2x0.8cm. 1

lymphnode identified measures 2cm in greater dimension. Cut section grey brown. Representative sections are

submitted in cassette H.

Specimen IX labelled as "Right level III", consists of single fibrofatty tissue measures 3x2x1cm. 5 lymphnodes

identified, largest one measures 1.1cm in greater dimension. Cut section grey brown. Representative sections are

submitted in cassette J.

Specimen X labelled as "Right level IV", consists of single fibrofatty tissue measures 2x1.5x0.7cm. 3

lymphnodes identified. Largest one measures 1cm in greater dimension. Representative sections are submitted in

cassette K.

Specimen XI labelled as "Revised skin margin", consists of an eliptical piece of skin with subcutaneous tissue

measures 7x1.8x1.5cm. Deep surface is inked. Representative sections are submitted in L1 and L3 cassettes.

**Microscopic Description :**

A) Permenant sections confirm frozen report.

Subsequent sections show an infiltrating neoplasm arising from buccal mucosal epithelium. The neoplasm is

composed of nests and sheets of neoplastic cells with moderate cytoplasm and mildly pleomorphic vesicular

nuclei, with prominent nucleoli in some. Squamous pearl formation seen. Perineural invasion and

lymphovascular emboli noted. The neoplasm is infiltrating the overlying skin also. Surface shows candidal and

actinomycotic colonies. Upper and lower lip nodules and multiple skin nodules show nests of infiltrating

neoplastic cells. Lip margins are free of tumor. All skin margins are free, closest is superior skin margin, which

is 1cm away. All mucosal margins free, closest is anterior margin, which is 2mm away. Posterior, inferior and

medical soft tissue margins free of tumor, medial margin shows squamous metaplasia of minor salivary gland

ducts.

B) Section shows one of 4 lymphnodes with metastasis and perinodal spread (1/4)

C) Sections show 5 reactive nodes (0/5)

D) Section show one reactive node (0/1)

E) Sections show one lymphnode with metastasis and perinodal spread (1/1)

F) Sections show salivary gland tissue with dense lymphocytic infiltrate.

G) Sections show 3 reactive lymphnodes (0/3)

H) Sections show 3 reactive lymphnodes (0/3)

J) Sections show 3 reactive lymphnodes (0/3)

K) Sections show 4 reactive lymphnodes (0/4)

L) Sections from skin show infiltration by similar neoplastic cells.

**Impression :**

WLE + Total Maxillectomy + Hemi Mandibulectomy:-

- Well differentiated squamous cell carcinoma, buccal mucosa, infiltrating overlying skin

- Largest tumor size 6x4x3cm

- Multiple small tumor nodules and skin ulcer present

- Lymphovascular emboli and perineural invasion seen.

- Upper and lower lip nodules show tumor

- All skin, soft tissue and mucosal margin free, closest is anterior mucosal margin, which is 2mm away

B) 1/4 left level II nodes show metastasis with perinodal spread

C) 5 reactive left level III nodes seen

D) One right prefacial reactive node seen

E) Right level II a - One lymphnode with metastasis showing perinodal spread seen

F) Unremarkable salivary gland tissue seen

G +H+J+K) 13 reactive lymphnodes seen

L) Revised skin margin - Shows focal tumor infiltration

pTNM --pT4aN2cMX

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| **Date of Admission :**31/01/2011 | **Date of Procedure :**1/02/2011 |

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| **Date of Discharge :**22/02/2011 |

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

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| **DIAGNOSIS :** |
| Carcinoma left buccal mucosa. |

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| **PROCEDURE DONE :** |
| Wide local excision +Maxilectomy + Left hemi mandibulectomy +Bilateral neck dissection +ALT flap reconstruction +Skin grafting + Tracheostomy under GA on 1-02-2011 |

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| **HISTORY :** |
| 40 year old M. Umabhaskaran was seen initially in Apollo chennai Jun 2010. He was diagnosed as carcinoma left buccal mucosa T4N2Mx. CT done showed 8.8x 8.5 x 5.5 cms growth in the left buccal, masticator, left submandibular region, erosion of maxilla. Bilateral level I, right level II, III nodes. No mandibular erosion. According to histopathology reported he was initially advised surgery, but went to MMC GH and received - 2 cycles of chemo(cis + 5-fu) ? good response + 16# RT - palliative. Then went to surgical onco in madurai and advised 4 cycles of cis + paclitaxel. Took first cycle in madurai (overall 3rd), remaining 3 in Andaman. The cheek lesion fungated in Andaman before start of chemo there. Now patient presentsed with oro cutanous fistula with trismus. |

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| **CLINICAL EXAMINATION :** |
| Examination revealed about Large 4 x 3 cms full thickness defect with fistula left face Trismus - almost total Growth in the palate, lower alveolus, both gingivobuccal sulci (above and below) Left cheek skin indurated. 2 x 1 cms swelling above the right eye - skin swelling? neoplastic 3 x 2 mm discharging sinus in the left upper neck. |

**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** |
| 01/02/2011 | 8.64 | 24.3 | 90.5 | 10.1 | 88.4 | 6.5 | 0.05 | - |
| 02/02/2011 | 10.7 | 30.1 | 175.0 | 9.55 | 95.8 | 1.17 | 0.013 | - |
| 03/02/2011 | 9.11 | 25.1 | 174.0 | 19.3 | 93.7 | 3.14 | 0.0 | - |
| 04/02/2011 | 10.3 | 28.7 | 175.0 | 17.9 | 93.1 | 2.61 | 0.131 | - |
| 05/02/2011 | 9.48 | 27.3 | 159.0 | 9.71 | 89.4 | 4.92 | 0.411 | - |
| 06/02/2011 | 10.5 | 29.4 | 168.0 | 13.3 | 89.6 | 3.44 | 0.22 | - |
| 07/02/2011 | 9.34 | 26.6 | 171.0 | 10.5 | 95.6 | 1.65 | 0.116 | - |
| 08/02/2011 | 9.65 | 27.7 | 201.0 | 9.82 | 82.5 | 6.38 | 0.465 | - |

**Liver Function Test:**

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| **Date:** | **T. Bilirubin: mg/dl** | **D. Bilirubin: mg/dl** | **SGOT: IU/L** | **SGPT: IU/L** | **ALP: IU/L** | **T. Protein: gms/dl** | **S. Alb: g/dl** | **S. Glob: g/dl** |
| 02/02/2011 | 1.82 | - | - | - | - | - | 1.08 | - |

**Renal Function Test and Serum Electrolytes:**

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| **Date:** | **Urea: mg/dl** | **Creatinine: mg/dl** | **Na+: mEq/L** | **K+: mEq/L** |
| 01/02/2011 | - | - | 138.3 | 2.91 |
| 02/02/2011 | - | - | 141.7 | 2.79 |
| 03/02/2011 | - | - | 139.8 | 3.2 |
| 04/02/2011 | - | - | 144.0 | 3.43 |
| 05/02/2011 | - | - | 137.9 | 3.42 |
| 07/02/2011 | - | - | 126.2 | 3.53 |
| 11/02/2011 | - | - | 125.2 | 3.9 |

Date: 08/02/2011

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| RBC-COUNT-Blood : 3.34 M/uL | MCV-Blood : 82.9 fL |

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| MCH-Blood : 28.8 pg | MCHC-Blood : 34.8 g/dl |

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| --- | --- |
| RDW-Blood : 15.4 % | MPV-Blood : 7.71 fL |

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| MONO -Blood : 10.4 % | BASO-Blood : 0.253 % |

Date: 07/02/2011

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| RBC-COUNT-Blood : 3.19 M/uL | MCV-Blood : 83.4 fL |

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| MCH-Blood : 29.3 pg | MCHC-Blood : 35.1 g/dl |

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| RDW-Blood : 15.5 % | MPV-Blood : 6.56 fL |

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| MONO -Blood : 2.53 % | BASO-Blood : 0.116 % |

Date: 06/02/2011

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| RBC-COUNT-Blood : 3.52 M/uL | MCV-Blood : 83.4 fL |

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| MCH-Blood : 29.7 pg | MCHC-Blood : 35.6 g/dl |

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| RDW-Blood : 15.9 % | MPV-Blood : 8.12 fL |

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| MONO -Blood : 6.56 % | BASO-Blood : 0.194 % |

Date: 05/02/2011

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| RBC-COUNT-Blood : 3.27 M/uL | MCV-Blood : 83.4 fL |

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| MCH-Blood : 29.0 pg | MCHC-Blood : 34.8 g/dl |

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| RDW-Blood : 16.9 % | MPV-Blood : 5.97 fL |

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| MONO -Blood : 5.04 % | BASO-Blood : 0.244 % |

Date: 04/02/2011

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| Glucose [Urine] : Neg mg/dl | Bilirubin [Urine] : Neg umol/L |

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| Ketone [Urine] : Neg mmol/L | Specific Gravity-urine : 1.020 NONE |

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| Blood [Urine] : 3+ EU | Urine pH : 5.5 NONE |

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| Urine Protein : Neg | Urobillinogen-urine : Normal umol/L |

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| Leucocytes-urine : Neg | Nitrite-urine : Neg |

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| Microscopy (Urine) : 40-50RBCS,2-3 PUS CELLS/HPF | Color-urine : red |

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| Clarity-urine : cloudy | RBC-COUNT-Blood : 3.67 M/uL |

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| MCV-Blood : 83.9 fL | MCH-Blood : 28.6 pg |

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| MCHC-Blood : 34.1 g/dl | RDW-Blood : 16.3 % |

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| MPV-Blood : 6.02 fL | MONO -Blood : 4.01 % |

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| BASO-Blood : 0.131 % |  |

Date: 03/02/2011

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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 : 3.07 M/uL | MCV-Blood : 81.5 fL |

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| MCH-Blood : 29.7 pg | MCHC-Blood : 36.4 g/dl |

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| RDW-Blood : 16.4 % | MPV-Blood : 7.72 fL |

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| MONO -Blood : 2.94 % | BASO-Blood : 0.187 % |

Date: 02/02/2011

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| RBC-COUNT-Blood : 3.64 M/uL | MCV-Blood : 82.8 fL |

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| MCH-Blood : 29.5 pg | MCHC-Blood : 35.6 g/dl |

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| RDW-Blood : 14.8 % | MPV-Blood : 7.74 fL |

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| MONO -Blood : 2.89 % | BASO-Blood : 0.077 % |

Date: 01/02/2011

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| --- | --- |
| RBC-COUNT-Blood : 2.9 M/uL | MCV-Blood : 83.8 fL |

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| --- | --- |
| MCH-Blood : 29.8 pg | MCHC-Blood : 35.5 g/dl |

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| --- | --- |
| RDW-Blood : 15.9 % | MPV-Blood : 6.77 fL |

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| MONO -Blood : 4.78 % | BASO-Blood : 0.311 % |

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

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| CT CHEST - CONTRAST Date : 18/01/2011 Nodular lesion in left upper lobe anterior segment -? Deposit. ULTRASOUND OF ABDOMEN Date : 19/1/2011 Cholelithiasis. Both kidneys show raised cortical echotexture. MDCT NECK AND HEAD CONTRAST Date : 18/01/2011 Irregular soft tissue lesion involving left cheeck with extension as described. Right orbital Preseptal soft tissue lesion ? deposit. Cervical lymphadenopathy. Wholebody\_Skeletalreport Date :20/01/2011 NO EVIDENCE OF ANY SKELETAL METASTASES. Cytopath-FNAC Procedure in Cytopathology lab and reporting Collection Date :20/01/2011 Received Date :20/01/2011 Suggestive of abscess. Endoscopy Procedure Report Date :12/02/2011 PEG tube inserted Histopath-Wide local excision with mandible and maxilla Date of sample collection :01/02/2011 Received on :01/02/2011 Reported Date :02/02/2011 Histology Lab No :S11-1144 - Well differentiated squamous cell carcinoma, buccal mucosa, infiltrating overlying skin - Largest tumor size 6x4x3cm - Multiple small tumor nodules and skin ulcer present - Lymphovascular emboli and perineural invasion seen. - Upper and lower lip nodules show tumor - All skin, soft tissue and mucosal margin free, closest is anterior mucosal margin, which is 2mm away - Mandible shows tumor infiltration focally. Anterior and posterior margins free. Maxilla resected margin free B) 1/4 left level II nodes show metastasis with perinodal spread C) 5 reactive left level III nodes seen D) One right prefacial reactive node seen E) Right level II a - One lymphnode with metastasis showing perinodal spread seen F) Unremarkable salivary gland tissue seen G +H+J+K) 13 reactive lymphnodes seen L) Revised skin margin - Shows focal tumor infiltration. |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| The patient was evaluated. CT chest was done on 18/01/2011 showed nodular lesion in left upper lobe anterior segment -? Deposit. Ultrasound of abdomen was done on 19/1/2011, which showed cholelithiasis. Both kidneys showed raised cortical echotexture. MDCT of Head and Neck was done on 18/01/2011 showed irregular soft tissue lesion involving left cheeck with extension, right orbital Preseptal soft tissue lesion ? deposit and cervical lymphadenopathy. Wholebody scan was done on 20/01/2011 reported as no evidence of any skeletal metastases. FNAC was done on 20/01/2011 reported as suggestive of abscess. His case was discussed in the Head and Neck tumour board and it was decided to treat him with surgery. He underwent wide local excision + maxilectomy + Left hemi mandibulectomy + bilateral neck dissection +ALT flap reconstruction +Skin grafting + Tracheostomy under GA on 1-02-2011. Postoperative period was uneventful. PEG placement was done on 12/02/2011 for better nutrition. Radiation Oncology consultation was sought for the adjuvant treatment, since the patient had maximum dose of radiation to brain stem and spinal cord, re radiation impossible. Condition at discharge-Afebrile, stable, all sutures removed and on PEG tube feeds. |

**PROGRESS NOTE**

**Progress Notes**

**Date : 23/03/2011**

**ProgressNotes :**

patient reviwed

extensive recurrence over entire face with multiple skin nodules

needs only supportive and palliative care

PEG tube dysfunctional

Adv

Pain and palliative consult

Med GE consult

prognosis explained to bystander