**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 30/09/2013

**Received on :** 30/09/2013

**Reported Date :** 03/10/2013

**Clinical Impression :**

Carcinoma tongue

**Gross Description :**

Received for review are 1 slide and 1 block labelled as "2804/13".

**Microscopic Description :**

Section shows an infiltrating neoplasm arising from squamous epithelium, composed of cells arranged in diffuse

sheets, trabeculae and nests. Neoplastic cells have large round oval pleomorphic nuclei, vesicular chromatin and

conspicuous nucleoli. Cytoplasm is eosinophilic with distinct cell borders. Mitosis seen. Individual cell

keratinisation and keratin pearl formation noted. Lesion infiltrates in between muscle fibers. Stroma shows dense

inflammatory cell infiltrate composed of neutrophils and lymphocytes.

**Impression :**

Tongue biopsy ,slide and block review:-

Moderately differentiated squamous cell carcinoma

|  |
| --- |
| **CT - Report** |

|  |  |  |
| --- | --- | --- |
| |  | | --- | | **CreatedDate:**  10/10/2013 | |  | |
|  |
| |  | | --- | | **Study Done:**  **MDCT NECK CONTRAST & CHEST PLAIN**    ***Clinical Information:- Case of carcinoma tongue, status post surgery*.**    **Head & Neck**    Post op changes noted in the tongue.    No abnormal contrast enhancement at the post op site.    Enlarged bilateral level I b, Right level II and bilateral level III subcentimetric lymph nodes. Right level IIb node measures 1.6 x 1.3 cm. Right level II lymph node measures 1.3 x 1 cm.    No focal enhancing lesion in the brain.    Gliotic foci seen in the left parietal region.    **Thorax**    Normal mediastinal vascular structures.    The hila are normal.    The tracheobronchial tree is normal.    Normal lung parenchyma.    No pleural pathology.    Chest wall is normal. | |  | |
|  |
| |  | | --- | | **Impression:**         **No abnormal enhancement in the post op site.**       **Bilateral enlarged cervical lymphnodes as described.**       **No focal lesion in the brain & lungs.** | |

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 24/10/2013

**Received on :** 24/10/2013

**Reported Date :** 29/10/2013

**Clinical Impression :**

Carcinoma right tongue

**Gross Description :**

Received in fresh is a specimen labelled as "(R) tongue", consists of specimen measures 6.5x3.2x3cms. lateral

aspect appear irregular and scarred. No definite ulceration seen. Specimen oriented with sutures- double long

anterior, single suture superior.

Margins : Medial raw surface 0.7cms, superior margin is 0.8cms, Inferior margin - 1cms, Posterior mucosal

margin 1cms, anterior mucosal margin 2 cms.

Depth of invasion-0.9cms

The lesion measures 2x1.6x0.9cms. It is divided into 7 slices from anterior to posterior.

Frozen read as :- " Positive for malignancy".

The remaining specimen transferred into formalin and representative sections are submitted as follows:

FSR1 - Lesion with superior and medial margin

FSR 2- Superior shaved margin

FSR 3 - Inferior mucosal margin

FSR 4 - Anterior mucosal margin

FSR 5 - Posterior mucosal margin

FSR 6 - Deep margin with the soft tissue

Subsequently received in formalin are 11 specimens. The I specimen labelled as "Additional mucosal margin,

soft tissue margin", consists of mucosal covered fibrofatty tissue measures 3x1.5cms. Raw area inked.

Representative sections are submitted in A1 - A2 cassettes.

Specimen II labelled as "Left level Ia", consists of nodular fibrofatty tissue which measures 4x2x1cms. 1

lymphnode identified measuring 0.6cms. Entire specimen submitted in B1 - B3 cassettes.

Specimen III labelled as "Left level Ib", consists of nodular fibrofatty tissue bit meausres 5x3x2cms. 6

lymphnodes identified, largest lymphnode measures 2cms in dimension. Representative sections are submitted in

C1-C6 cassettes.

Specimen IV labelled as "Left level II", consist sof nodular fibrofatty tissue measures 3.5x2x1cm. Entire

specimen submitted in D1 - D3 cassettes.

Specimen V labelled as "Left level IIB", consists of nodular fibrofatty tissue measures 2x2x1cm. Entire

specimen submitted in E1 - E2 cassettes.

Specimen VI labelled as "Left level III", consists of nodular fibrofatty tissue measures 4x3x1cm. Representative

sections are submitted in cassette F.

Specimen VII labelled as "Left level IV", consists of nodular fibrofatty tissue measures 6x3x1cm,. Entire

specimen submitted in 9 cassettes.

Specimen VIII labelled as "Right level IB", consists of a nodular fibrofatty tissue measures 6x4x1cm.

Representative sections are submitted in H1 - H6 cassettes.

Specimen IX labelled as "Right level IIa", consists of a nodular fibrofatty tissue measures 3x2x1cm,. 2

lymphnodes identified. Entire specimen submitted in J1 - J3 cassettes.

Specimen X labelled as "Right level IIB', consists of a nodualr fibrofatty tissue measures 4x2x1cms. Entire

specimen submitted in K1-K4 cassettes.

Specimen XI labelled as "Right level III and IV", consists of nodular fibrofatty tissue measures 7x4x3cms. One

large lymphnode identified measures 4x2x1cms. Representative sections are submitted in cassettes L1-L8.

(Dr.Kavitha/sh)

**Microscopic Description :**

Sections from tongue shows an ulcerated mucosa with an infiltrating neoplasm composed of cells arranged in

nests and trabeculae. Neoplastic cells have round/oval pleomorphic nucleus vesicular chromatin and conspicuous

nucleoli. Cytoplasm is moderate in amount ,eosinophilic with distinct cell borders. Mitosis seen. Individual cell

keratinisation and pearls seen. Stroma shows lymphoplasmacytic infiltration. Adjacent mucosa shows dysplastic

changes.

No necrosis seen.

No lymphovascular emboli / perineural invasion seen

Lesion is away from the all resected margins.

A) Additional posterior mucosal margin is free of tumor

B) (L) Level Ia :- 1 lymphnodes identified, shows reactive change

C) (L) Level Ib :- 4 lymphnodes identified, shows reactive change

D) (L) Level II :- 8 lymphnodes identified, shows reactive change

E) (L) Level IIb :- 2 lymphnodes identified, one shows metastasis

F) (L) level III:- 13 lymphnodes identified, one shows metastasis

G) (L) Level IV :- 5 lymphnodes identified, shows reactive change

H) Right level IB :- 2 lymphnode identified, shows reactive change

J) Right level IIa :- 2 lymphnodes identified, one shows metastasis

K) Right level IIb:- No lymphnodes identified;fatty tissue-free of tumor

L) Right level III and IV :- 13 lymphnodes identified. One shows metastasis

**Impression :**

Right Hemiglossectomy:-

Moderately differentiated squamous cell carcinoma

Tumor size 2x1.6x0.9cms

Depth of invasion- 0.9 cms

Lesion is away from all resected margins

No lymphovascular emboli / perineural invasion

40 lymphnodes identified. 4 shows metastasis;no perinodal spread seen

pT1N2cMx

**TUMOUR BOARD DISCUSSION**

**DOA :** 06/11/2013 **DOS :** 06/11/2013 **DOD :** 06/11/2013

**Date of tumor board discussion :** 06/11/2013

**Attendees :**

adjuvant RT

MRD

**Progress Notes**

**Date : 30/09/2013**

**ProgressNotes :**

case of ca tongue

underwent right hemiglossectomy on 28/8/13

Post op HPR - reveals squamous cell carcinoma, margins positive.

hence reffered here for further management.

no co-morbidities

tobbaco chewer

o/e - stitched wound seen over right lateral border of tongue

induration + on posterior aspect of scar

neck - no palpable lymph nodes.

adv: slide and block review, MDCT head & neck

**Progress Notes**

**Date : 15/05/2017**

**ProgressNotes :**

Post Right hemiglossectomy on 28-08-2013 and Wide Local Excision Right tongue + Bilateral Neck

Dissection [level I-IV]+ Free ALT reconstruction + tracheostomy on 24-10-2013 under GA. Moderately

Differentiated Squamous Cell Carcinoma pT1N2Mx,Stage IV A Completed Adjuvant Radiation Therapy with

IMRT- VMAT on 11/01/2014

No complaints

Doing well

review after 6 month

**Speciality :** RadiationOncology

**D/O Commencement of RT** 02/12/2013 **D/O Completion of RT** 11/01/2014

**FINAL DIAGNOSIS, STAGE AND HISTOLOGY**

Carcinoma Right Lateral Border of Tongue

Post Right hemiglossectomy on 28-08-2013 and Wide Local Excision Right tongue + Bilateral Neck Dissection

[level I-IV]+ Free ALT reconstruction + tracheostomy on 24-10-2013 under GA.

MRD No:1339727 Name:Mrs. AISHA KUNJUMON

Page 1 of 4 Printed On:11/08/2024 17:59:31

Moderately Differentiated Squamous Cell Carcinoma

pT1N2Mx,Stage IV A

Completed Adjuvant Radiation Therapy with IMRT- VMAT

**CLINICAL HISTORY AND PHYSICAL FINDINGS**

Mrs. Aisha Kunjumon, 61 year old lady, presented with complaints of history of ulcer over right side of tongue

since 3 months. No history of loss of taste sensation, altered taste or excess salivation. No history of pain, fever

or bleeding from the ulcer. She was evaluated at Kolenchery Medical college in August 2013. Clinical evaluation

showed a 2 x 2 x 1cm ulcer over right side of tongue. Indurated margins, erythematous, white plaques+. Mild

tenderness. No palpable cervical lymph node. She underwent hemiglossectomy on 28/8/2013. Post OP HPR

showed ulcerated growth size 3.5 x 2 x 2cm. Squamous cell carcinoma. Deep margins involved by the

tumor.infiltrating skeletal muscle. No LVI. Deep resected and posterior resected margin are involved by growth.

Margins were posiive. She was came to AIMS for further management. Slide and Block review for second

opinion [Date :03/10/2013, Histology Lab No :S13-10762] reported as Moderately differentiated squamous cell

carcinoma. MDCT Neck with contrast [Dated: 10-10-2013] showed enlarged bilateral level I b, Right level II

and bilateral level III subcentimetric lymph nodes. Right level IIb node measures 1.6 x 1.3 cm. Right level II

lymph node measures 1.3 x 1 cm. No focal enhancing lesion in the brain. Gliotic foci seen in the left parietal

region. Her case was discussed in Head and Neck tumour board and planned for surgery. After all preoperative

investigation and evaluation she underwent Wide Local Excision right tongue+ Bilateral Neck Dissection [level

I-IV]+ Free ALT reconstruction + Tracheostomy on 24-10-2013 under GA. Post OP HPR Right

Hemiglossectomy reported as Moderately differentiated squamous cell carcinoma. Tumor size 2x1.6x0.9cms.

Depth of invasion- 0.9 cms Lesion is away from all resected margins. No lymphovascular emboli / perineural

invasion 40 lymphnodes identified. 4 shows metastasis;no perinodal spread seen. She was pathologically staged

as pT1N2cMx, Stage IV A. The case was rediscussed in multidisciplinary tumor board and was planned for

Adjuvant Radiation therapy with a dose of 6600 cGy in 30 fractions

**INVESTIGATIONS :**

**Haemogram:**

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

**ku/ml**

**TC:**

**ku/ml**

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

**mm/1st hr**

11/12/2013 12.4 37.1 365 8.1 70.1 19.0 2.4 -

06/01/2014 13.1 40.3 312.0 6.52 74.9 8.35 3.67 -

Date: 06/01/2014

RBC-COUNT-Blood : 4.72 M/uL MCV-Blood : 85.4 fL

MCH-Blood : 27.7 pg MCHC-Blood : 32.5 g/dl

RDW-Blood : 15.6 % MPV-Blood : 6.12 fL

MONO -Blood : 12.8 % BASO-Blood : 0.318 %

Date: 11/12/2013

RBC-COUNT-Blood : 4.31 M/uL MCV-Blood : 86.1 fL

MCH-Blood : 28.9 pg MCHC-Blood : 33.6 g/dl

RDW-Blood : 14.8 % MPV-Blood : 8.1 fL

MONO -Blood : 8.3 % BASO-Blood : 0.2 %

**HISTOPATHOLOGY REPORTS**

Slide and Block review for second opinion [Date :03/10/2013, Histology Lab No :S13-10762] reported as

Moderately differentiated squamous cell carcinoma.

Post OP HPR [Date :29/10/2013, Histology Lab No :S13-11735]

Right Hemiglossectomy

Moderately differentiated squamous cell carcinoma

Tumor size 2x1.6x0.9cms

Depth of invasion- 0.9 cms

Lesion is away from all resected margins

No lymphovascular emboli / perineural invasion

40 lymphnodes identified. 4 shows metastasis;no perinodal spread seen

pT1N2cMx

Treatment Given:

**SURGERY DETAILS :**

Post Right hemiglossectomy on 28-08-2013 from MOSE Medical college, kolenchery

and Wide Local Excision Right tongue + Bilateral Neck Dissection [level I-IV]+ Free ALT reconstruction +

tracheostomy on 24-10-2013 under GA.

**RADIATION DETAILS :**

Intent: Curative [Post Operative Adjuvant Radiation Therapy]

Technique: IMRT- VMAT

Site of Disease- Oral cavity

Subsite- Right lateral border of tongue

Cat Scan Simulation on 14/11/2013

Complex Computerised Treatment Planning and resimulation on 2/12/2013

RT Started on 2/12/2013

RT Completed on 11/1/2014

Elapsed days- 41

Treatment breaks- Nil

**Primary Tumour And Drainage Area :**

Site: Tumor bed+ Entire tongue+ Surgical bed+ Bilateral level I- VI Nodal region+ RP nodal region

Portals: Arc 1, Arc 2 Arc3

Energy: 6 MV Photons

Dose: 6000 cGy in 30 fractions

Schedule: 200 cGy per fraction and 5 fractions per week

Dose prescribed to 100% isodose line

Site: HRR Right level III, IV Nodal region

Portals: Arc 1, Arc 2 Arc3

Energy: 6 MV Photons

Dose: 6600 cGy in 30 fractions

Schedule: 220 cGy per fraction and 5 fractions per week

Dose prescribed to 100% isodose line

**TREATMENT COURSE :**

Mrs. Aisha Kunjumon, 61 year old lady, diagnosed as a case of Carcinoma Right lateral border of Tongue, Post

Operative, pT1N2M0, Stage IV A, completed planned course of Adjuvant Radiation therapy well without

interruptions.

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

1. Review after 1 and 2 weeks in RT OPD.

2. Review after 4 weeks in HNS and RT OPD 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 Doctors [CXR every 6 months].

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

Oral and Skin Care:

1. Soda Bicarbonate powder 2.5 G and Sodium Chloride 2.5 G in 200 cc water to mouthwash every 4 to 6

hours. Neem Leaf mouthwash to continue as before.

2. Skin care: Do not wash the irradiated area for the next two weeks. Apply ointments or creams only as per

Doctors' advice.

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

4. Avoid washing with soap and oil for 4 weeks. Gentle splashing of water followed by mopping

with towel 2 weeks after completion of EBRT. Normal bathing after 4 weeks.