**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 29/06/2015

**Received on :** 29/06/2015

**Reported Date :** 30/06/2015

**Microscopic Description :**

Sections show mucosa with uclerated and an infiltrating Moderately differentiated Squamous cell caricnoma.

The tumor is seen infiltrating the skeletal muscle. Stromal desmoplasia, keratin pearls and secondary chronic

inflammmation are present. Vascular emboli- present.

**Diagnosis :**

Moderately differentiated Squamous cell caricnoma, biopsy, tongue.

**Radiology Report**

**Created Date:** 30/06/2015

**Study Done:**

**CT CHEST - CONTRAST**

Multiple patchy areas of air tapping noted bilaterally.

No evidence of nodules in bilateral lung parenchyma.

Normal mediastinal vascular structures.

The hila are normal.

The tracheobronchial tree is normal.

No pleural pathology.

Chest wall is normal.

Upper abdomen is unremarkable.

Bones are normal.

**Impression:**

***Known case of Squamous cell carcinoma tongue.***

• **No evidence of lung nodules.**

**Radiology Report**

**Created Date:** 30/06/2015

**Study Done:**

MRI OF TONGUE [CONTRAST]

A 47.7 x 26 x 38.6 mm (APx TR x CC), Volume 18.3 cc, enhancing non homogenous lesion noted involving the

right lateral border and dorsum of oral tongue. Pharyngeal tongue is spared.

Lesion is seen to cross the mid line , reaches upto the left lateral border and also extent to the right sublingual

space.

All extrinsic and intrinsic muscles are involved by the lesion.

Few prominent lymphnodes noted on right side in level Ib, measuring 1.8 x 1.1 cm and in level II measuring

2.75 x 1 mm and also in left level II.

The ADC value of lesion is 0.00100 and that of normal tongue is 0.00113.

Bones show normal signal.

**Impression:**

• **Enhancing lesion involving the oral tongue as described - likely to represent malignancy.**

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 20/07/2015

**Received on :** 20/07/2015

**Reported Date :** 22/07/2015

**Clinical Impression :**

Ca tongue

**Gross Description :**

Received in formalin are 13 specimens. The Ist specimen labelled as " Total glossectomy" consists of tongue

measuring 9 x 8 x 4 cm. Dorsum shows an ulceroproliferative lesion measuring 6 x 5 x 3 cm. Lesion is 3.5 cm

from anterior margin, 1.5 cm from right lateral mucosal margin, 1.5 cm from posterior mucosal margin, 4.5 cm

from left lateral mucosal margin, thickness measuring 3 cm. The tumour is 1 cm from the deep inked margin.

Cut section of tumour is varigated with area of necrosis. Representative sections are submitted as follows

A1 - Anterior margin

A2 - Right lateral mucosal margin

A3 - Left lateral mucosal margin

A4 - Posterior mucosal margin

A5 - Deep with lesion

A6 - A10: Lesion

Specimen II labelled as "Right level I B " consists of a nodular tissue bits measuring 6 x 3.5 x 3 cm. Cut section

shows salivary gland. 5 lymph nodes identified. Largest measuring 1.5 cm in greatest dimension. Representative

sections are submitted as follows

B1 - Salivary gland

B2 - 2 Lymph nodes

B3 - 3 Lymph nodes

Specimen III labelled as "Right level II A " consists of 2 nodular tissue bits in aggregate measuring 3.5 x 3 x 2

cm. Largest lymph node measuring 3 cm in greatest dimensions. 4 lymph nodes identified. Representative

sections are submitted as follows

C1 - C2 - Largest lymph node

C3 - 3 Lymph nodes

Specimen IV labelled as "Right level II B " consists of a nodular tissue bits measuring 2.5 x 2 x 1.5 cm. Cut

section shows 1 lymph node. Representative sections are submitted 1 cassette.

Specimen V labelled as "Right level III " consists of a nodular tissue bits measuring 3 x 1.5 x 1.5 cm. Largest

lymph node measuring 1.5 cm in greatest dimensions. Representative sections are submitted as follows

E1 - Largest lymph node

E2 - 1 Largest lymph node (bissected)

E3 - 3 Lymph nodes

E4 - 3 Lymph nodes

Specimen VI labelled as "Right level IV" consists of 2 nodular tissue bits in aggregate measuring 3.5 x 2.5 x 2.5

cm. 9 Lymph nodes identified. Representative sections are submitted as follows

F1 - 3 Lymph nodes

F2 - 3 Lymph nodes

F3 - 3 Lymph nodes

Specimen VII labelled as "Additional deep soft tissue margin" consists of a tissue bit measuring 2 x 2.5 x 2 cm.

Entire specimen submitted in 3 cassettes.

Specimen VIII labelled as "prefacial node" consists of a single node measuring 1.4 x 1 x 0.8 cm. Entire specimen

submitted in 1 cassette.

Specimen IX labelled as "Left level I A" consists of a nodular tissue measuring 6 x 4 x 2.5 cm. Cut section show

salivary gland. 3 lymph nodes identified. Representative sections are submitted as follows

J1 - Salivary gland

J2 - 3 Lymph nodes

Specimen X labelled as "Left level II A" consists of an fibrofatty tissue measuring 3 x 1.5 x 1.5 cm. 8 lymph

nodes identified. Representative sections are submitted as follows

K1 - 2 - Lymph nodes

K2 - K3 - 3 Lymph nodes

Specimen XI labelled as "Left level II B" consists of an fibrofatty tissue measuring 2 x 1.5 x 1.5 cm. Entire

specimen submitted as follows

L1 - 1 Lymph node

L2 - 4 Lymph nodes

Specimen XII labelled as "Left level III" consists of a nodular fibrofatty tissue measuring 3 x 2.5 x 2 cm. 7

Lymph nodes identified. Representative sections are submitted as follows

M1 - 4 Lymph nodes

M2 - 3 Lymph nodes

Specimen XIII labelled as "Left level IV" consists of a nodular tissue measuring 3.5 x 2 x 1.5 cm. 6 lymph nodes

identified. Entire specimen submitted as follows

N1, N2, N3 - 2 Lymph nodes each.

(Dr. Anne /son)

**Microscopic Description :**

Type of specimen: Total glossectomy

Histological type: Squamous cell carcinoma

Differentiation : Well to Moderate

Brisk mitoses, stromal desmoplasia and secondary chronic inflammation are present.

Invasive front: Cohesive

Tumor size: 6x5x3cm

Maximum depth of invasion: 3cm

Vascular invasion- Present

Nerve invasion - Present

Skeletal muscle invasion- present

Margins:

The tumor is 1.5cm from right lateral mucosal, 1.5cm form posterior, 4.5cm from left lateral mucosal margins

and 0.5cm from deep inked margin.

"Additional deep soft tissue margin": free of tumor.

Lymph nodes:

"Right level IB": Salivary gland and 4 lymph nodes, free of tumor.

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

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

"Right level III": 13 lymph nodes, free of tumor.

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

"Prefacial node": One lymph node, free of tumor.

"Left level IA": One lymph node, free of tumor.

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

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

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

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

**Diagnosis :**

Type of specimen: Total glossectomy

Histological type: Squamous cell carcinoma

Differentiation : Well to Moderate

Invasive front: Cohesive

Tumor size: 6x5x3cm

Maximum depth of invasion: 3cm

Vascular invasion- Present

Nerve invasion - Present

Skeletal muscle invasion- present

Margins:

The tumor is 1.5cm from right lateral mucosal, 1.5cm from posterior, 4.5cm from left lateral mucosal margins

and 0.5cm from deep inked margin.

"Additional deep soft tissue margin": free of tumor.

Lymph nodes:

"Right level IB": Salivary gland and 4 lymph nodes, free of tumor.

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

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

"Right level III": 13 lymph nodes, free of tumor.

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

"Prefacial node": One lymph node, free of tumor.

"Left level IA": One lymph node, free of tumor.

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

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

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

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

pTNM stage: pT3N0

**RADIOLOGY REPORT**

**Created Date:** 29/12/2015

**Study Done:**

**ULTRASOUND OF NECK**

Right lobe of thyroid measures 18x12x40mm.

Left lobe of thyroid measures 17x10x35mm.

Isthmus measures 3mm.

The thyroid gland shows coarse echotexture with normal to decreased vascularity - likely to represent chronic

thyroiditis .

Two oval lymph nodes with maintained fatty hilum seen in bilateral level Ib (5x2mm on right & 7x6mm on left )

.

Another oval lymph nodes with maintained fatty hilum seen in left level III (7x4mm).

Bilateral neck vessels are grossly normal.

**Impression:**

• **Thyroid shows features of chronic thyroiditis .**

• **Oval lymph nodes with maintained fatty hilum in bilateral level Ib & left level III as described**

**. (remains status quo as compared to prior USG on 10/9/2015).**

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 15/06/2017

**Received on :** 16/06/2017

**Reported Date :** 19/06/2017

**Clinical Impression :**

Old case of carcinoma tongue

**Gross Description :**

Received in formalin is a specimen labelled as "Biopsy", consists of mucosa covered tissue bit measuring

0.6x0.6x0.4cm. Entire specimen submitted in one cassette.

**Microscopic Description :**

Section shows mucosa lined by stratified squamous epithelium. Mild interface inflammation noted with

exocytosis .No dysplasia/civatte bodies noted. No basal layer degeneration noted.

**Impression :**

Biopsy left buccal mucosa - No dysplasia seen.

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| **Date of Admission :**19/07/2015 | **Date of Procedure :**20/07/2015 |

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| **Date of Discharge :**30/07/2015 |

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

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| **DIAGNOSIS :** |
| Carcinoma tongue |

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| **PROCEDURE DONE :** |
| Near total glossectomy (Wide local excision) + Bilateral selective neck dissection (1 to 4) + Antero lateral thigh flap reconstruction + Tracheostomy + PEG under GA on 20/07/2015 |

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| **HISTORY :** |
| Hailing from Chalakkudy, IT professional( in Banglore ) He had noticed multiple ulcers over tongue 3 years back along with bleeding consulted ENT surgeon,took steroids and multivitamins But symptoms recurred after stopping steroids scrap smear was done in RCC 2013 -was negative for malignant cells took homeo medications from april 2013 as sypmtoms progressed 1 week back,he consulted another ENT surgeon and biopsy taken in apollo hospital which showed-infiltrating SCC of moderately differentiated type H/o hypothyroisidsm since 3 yrs on Thyronorm 100mg/75mg he also c/o severe radiating pain to rt ear |

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| **FAMILY HISTORY :** |
| Nil significant |

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| **CLINICAL EXAMINATION :** |
| oral cavity- tongue-large ulceroproliferative growth over dorsum of tongue(more on rt side)-4x 5 cm size induration+,margins irregular Rt level II nodes palpable dentition-normal base of tongue,vallecula-normal ILscopy-b/l VC mobile and nornal |

**INVESTIGATIONS :**

**Haemogram:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** | **Hb: g/dl** | **PCV: %** | **PLT: ku/ml** | **TC: ku/ml** | **DC: N %** | **L: %** | **E: %** | **ESR: mm/1st hr** |
| 21/07/2015 | 10.8 | 32.4 | 326 | 13.9 | 87.8 | 7.17 | .090 | - |
| 22/07/2015 | 10.1 | 29.0 | 301 | 15.7 | 88.4 | 6.9 | 0.1 | - |
| 23/07/2015 | 10.7 | 30.5 | 353 | 14.7 | 79.0 | 14.5 | 0.0 | - |
| 24/07/2015 | 10.2 | 30.4 | 345 | 10.1 | 74.2 | 16.5 | 0.2 | - |
| 25/07/2015 | 11.5 | 32.7 | 401 | 9.7 | 79.6 | 13.2 | 0.1 | - |

**Renal Function Test and Serum Electrolytes:**

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| --- | --- | --- | --- | --- |
| **Date:** | **Urea: mg/dl** | **Creatinine: mg/dl** | **Na+: mEq/L** | **K+: mEq/L** |
| 21/07/2015 | - | - | 131.0 | 4.2 |
| 23/07/2015 | - | - | 137.6 | 4.3 |

Date: 25/07/2015

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| --- | --- |
| RBC-COUNT-Blood : 3.67 M/uL | MCV-Blood : 89.2 fL |

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| --- | --- |
| MCH-Blood : 31.2 pg | MCHC-Blood : 35.0 g/dl |

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| --- | --- |
| RDW-Blood : 12.4 % | MPV-Blood : 7.9 fL |

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| MONO -Blood : 5.1 % | BASO-Blood : 2.0 % |

Date: 24/07/2015

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| RBC-COUNT-Blood : 3.36 M/uL | MCV-Blood : 90.4 fL |

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| MCH-Blood : 30.3 pg | MCHC-Blood : 33.5 g/dl |

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| RDW-Blood : 11.4 % | MPV-Blood : 7.9 fL |

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| MONO -Blood : 8.5 % | BASO-Blood : 0.6 % |

Date: 23/07/2015

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| RBC-COUNT-Blood : 3.39 M/uL | MCV-Blood : 90.0 fL |

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| MCH-Blood : 31.5 pg | MCHC-Blood : 35.0 g/dl |

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| RDW-Blood : 12.6 % | MPV-Blood : 8.1 fL |

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| MONO -Blood : 6.3 % | BASO-Blood : 0.2 % |

Date: 22/07/2015

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| Calcium; total - Serum : 7.8 mg/dl | RBC-COUNT-Blood : 3.22 M/uL |

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| MCV-Blood : 89.9 fL | MCH-Blood : 31.5 pg |

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| MCHC-Blood : 35.0 g/dl | RDW-Blood : 12.1 % |

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| MPV-Blood : 8.9 fL | MONO -Blood : 4.1 % |

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| BASO-Blood : 0.5 % |  |

Date: 21/07/2015

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| Calcium; total - Serum : 7.6 mg/dl | Compatibility test; cross match complete (3 tests) : Compatible |

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| RBC-COUNT-Blood : 3.84 M/uL | MCV-Blood : 84.4 fL |

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| MCH-Blood : 28.2 pg | MCHC-Blood : 33.4 g/dl |

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| RDW-Blood : 9.98 % | MPV-Blood : 6.52 fL |

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| MONO -Blood : 4.67 % | BASO-Blood : .271 % |

Date: 19/07/2015

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

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| Created Date:25/07/2015 ULTRASOUND OF ABDOMEN LIVER Measures 17 cm, enlarged. Mild fatty No focal lesion seen. IHBR not dilated. G.B Physiologically distended. Echo free lumen. Wall thickness is normal. CBD/PV CBD appears normal. Portal vein shows normal calibre. SPLEEN Measures 10 cm. Normal size and echotexture. No focal lesion seen. PANCREAS Pancreatic head and body appears normal. Pancreatic tail is obscured by bowel gas. KIDNEYS Normal in size, shape, position and echotexture. Corticomedullary differentiation is preserved. Cortical thickness is normal. Sinus echoes are normal. No hydronephrosis / hydroureter. BLADDER Minimally distended. Echo free lumen. Walls are of normal thickness PROSTATE ppears normal. No free fluid in abdomen. Upper retroperitoneum is clear. Impression: v Hepatomegaly with grade I fatty infiltration. Created Date:30/06/2015 MRI OF TONGUE [CONTRAST] A 47.7 x 26 x 38.6 mm (APx TR x CC), Volume 18.3 cc, enhancing non homogenous lesion noted involving the right lateral border and dorsum of oral tongue. Pharyngeal tongue is spared. Lesion is seen to cross the mid line , reaches upto the left lateral border and also extent to the right sublingual space. All extrinsic and intrinsic muscles are involved by the lesion. Few prominent lymphnodes noted on right side in level Ib, measuring 1.8 x 1.1 cm and in level II measuring 2.75 x 1 mm and also in left level II. The ADC value of lesion is 0.00100 and that of normal tongue is 0.00113. Bones show normal signal. Impression: \* Enhancing lesion involving the oral tongue as described - likely to represent malignancy. Histopath-Second opinion on slides and block/unstained slides Date of sample collection :29/06/2015 Histology Lab No :S15-8127 Gross Description : Received one block labelled as 2757/15 Microscopic Description : Sections show mucosa with uclerated and an infiltrating Moderately differentiated Squamous cell caricnoma. The tumor is seen infiltrating the skeletal muscle. Stromal desmoplasia, keratin pearls and secondary chronic inflammmation are present. Vascular emboli- present. Created Date:30/06/2015 CT CHEST - CONTRAST Multiple patchy areas of air tapping noted bilaterally. No evidence of nodules in bilateral lung parenchyma. Normal mediastinal vascular structures. The hila are normal. The tracheobronchial tree is normal. No pleural pathology. Chest wall is normal. Upper abdomen is unremarkable. Bones are normal. Impression: Known case of Squamous cell carcinoma tongue. No evidence of lung nodules. |

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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 near total glossectomy - per oral (Wide local excision) + Bilateral selective neck dissection (1 to 4) + Antero lateral thigh flap reconstruction + Tracheostomy + PEG under GA on 20/07/2015. His post operative period was uneventful. Condition at discharge: Stable, afebrile, PEG insitu, taking orally sips of water and sutures removed |

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| **OPERATIVE FINDINGS :** |
| approach : peroral Procedure: Under aseptic precaution, pt painted and drapped. Wide local excision of Right Lateral tongue tumor performed along with adequate margins, (near total glossectomy) specimen oriented and sent for HPR. Horizontal B/l skin crease Neck incision given and sub platysmal skin flaps raised and fixed with stay sutures. Clearance of level 1A done. Right Marginal mandibular nerve identified and dissected. Submandibular triangle clearance done after identifying facial vessels. Facial vessels dissected out from submandibular gland and preserved. Medial end of SCM identified and muscle separated exposing internal jugular vein. In level II spinal accessory nerve identified and separated. Level II B cleared. Next level IIA, III and IV cleared of lymph nodes and fibro fatty tissue.Same repeated on the opposite side. Hemostasis secured after Valsalva maneuver. Drains placed and secured. Defect : Near total tongue. anterior 2/3 both sides resected. BOT preserved. Right gingiva preserved. Left FOM partially preserved. Reconstruction note: Findings: Defect : Near total tongue. anterior 2/3 both sides resected. BOT preserved. Right gingiva preserved. Left FOM partially preserved. Flap: 6 x 5 cms ALT fascio cutaneous free flap from the left thigh. Single musculo cutanoues perforator. Dissected upto the descending branch of lat.circumflex femoral. Inset: Multiple parashuting 3-0 vicryl sutures to the residual tongue base, gingiva and FOM. Anastamosis: Artery to facial artery. VC to facial vein and second VC end to side IJV. All with 8-0 nylon. Donor site: closed primarily with 2-0 vicryl and staples. 14 Fr drain. |

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| **ADVICE ON DISCHARGE :** |
| Review after 1 week |

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| **DIET RECOMMENDATIONS :** |
| PEG feed 100 ml/ hr continue oral sips of water |

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| **DISCHARGE MEDICATION :** |
| Tab. Dolo 650 mg SOS for pain Tab. Pan 20 mg 1-0-1 x 7 days Tab Levoflox 500 mg 1-0-0 x 7 days and stop |

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| **PLAN ON DISCHARGE :** |
| review with final HPE report needs adjuvant  **Tumour Board Discussion**  **Date of tumor board discussion :** 01/07/2015  **Attendees :**  Dr KK /Dr Deepak/Dr Sunil/Dr Ram/Dr Durga/Dr Vidhya/Dr Anoop/Dr Pushpaja/ Dr Sandhya/Dr Chaya/Dr  Maya/Dr Shreya/Dr Adharsh A/Dr Shashi  **Relevant clinical details :**  37 year old IT professional( Banglore)Hailing from Chalakkudy,  He had noticed multiple ulcers over tongue 3 years back along with bleeding  consulted ENT surgeon,took steroids and multivitamins  But symptoms recurred after stopping steroids  scrap smear was done in RCC 2013 -was negative for malignant cells  he consulted multiple doctors,but no relief  He took homeo medications from april 2013 as sypmtoms progressed  1 week back,he consulted another ENT surgeon and biopsy taken in apollo hospital  which showed-infiltrating SCC of moderately differentiated type  H/o hypothyroisidsm since 3 yrs on Thyronorm 100mg/75mg  he also c/o severe radiating pain to rt ear  o/E oral cavity- tongue-large ulceroproliferative growth over dorsum of tongue(more on rt side)-4x 5 cm size  induration+,margins irregular  Neck- Rt level II nodes palpable  dentition-normal  base of tongue,vallecula-normal  ILscopy-b/l VC mobile and normal  **Histology (include histology done / reviewed elsewhere) :**  outside - reviewed MDSCC  **Other relevant investigations (including metastatic workup) :**  A 47.7 x 26 x 38.6 mm (APx TR x CC), Volume 18.3 cc, enhancing non homogenous lesion noted involving the  right lateral border and dorsum of oral tongue. Pharyngeal tongue is spared.  space.  All extrinsic and intrinsic muscles are involved by the lesion.  **Agreed Plan of management :**  WLE(Near total glossectomy) + B/L ND + reconstruction + Adjuvant  **Tumour Board -HPE Discussion**  **Histology (include histology done / reviewed elsewhere) :**  Type of specimen: Total glossectomy Histological type: Squamous cell carcinoma Differentiation : Well to  Moderate Invasive front: Cohesive Tumor size: 6x5x3cm Maximum depth of invasion: 3cm Vascular invasion-  Present Nerve invasion - Present Skeletal muscle invasion- present Margins: The tumor is 1.5cm from right  lateral mucosal, 1.5cm from posterior, 4.5cm from left lateral mucosal margins and 0.5cm from deep inked  margin. "Additional deep soft tissue margin": free of tumor. Lymph nodes: "Right level IB": Salivary gland and  4 lymph nodes, free of tumor. "Right level IIA": Six lymph nodes, free of tumor. "Right level IIB": Five lymph  nodes, free of tumor. "Right level III": 13 lymph nodes, free of tumor. "Right level IV": Seven lymph nodes, free  of tumor. "Prefacial node": One lymph node, free of tumor. "Left level IA": One lymph node, free of tumor.  "Left level IIA": Seven lymph nodes, free of tumor. "Left level IIB": Ten lymph nodes, free of tumor. "Left level  III": Two lymph nodes, free of tumor. "Left level IV": Five lymph nodes, free of tumor. pTNM stage: pT4aN0  **Agreed Plan of management :**  Adjuvant RT  **Progress Notes**  **Date : 29/06/2015**  **ProgressNotes :**  Hailing from Chalakkudy, IT professional( in Banglore )  He had noticed multiple ulcers over tongue 3 years back along with bleeding  consulted ENT surgeon,took steroids and multivitamins  But symptoms recurred after stopping steroids  scrap smear was done in RCC 2013 -was negative for malignant cells  took homeo medications from april 2013 as sypmtoms progressed  1 week back,he consulted another ENT surgeon and biopsy taken in apollo hospital which showed-infiltrating  SCC of moderately differentiated type  H/o hypothyroisidsm since 3 yrs on Thyronorm 100mg/75mg  he also c/o severe radiating pain to rt ear  o/E  oral cavitytongue-  large ulceroproliferative growth over dorsum of tongue(more on rt side)-4x 5 cm size  induration+,margins irregular  Rt level II nodes palpable  dentition-normal  base of tongue,vallecula-normal  ILscopy-b/l VC mobile and nornal  adv  MRI head and neck-images seen-reoprt pending  CT chest  block review  adv  WLE+SND+soft tissue flap on 20/7/15  PAC  **Progress Notes**  **Date : 01/04/2024**  **ProgressNotes :**  Carcinoma Tongue. Moderately differentiated squamous cell caricnoma. pT4aN0M0. [cT4aN2bM0]  Post near total glossectomy+ Bilateral selective neck dissection (I-IV) + Anterolateral thigh flap  reconstruction + Tracheostomy + PEG under GA on 20/07/2015.  Completed Post Operative Adjuvant Radiation Therapy 60Gy in 30 fractions with VMAT[SIB-IMRT]  technique on 14.10.2015  for follow up  o/e- L/R NAD  adv-  r/a 1 yr  dental consult wants dental implants  **Speciality :** RadiationOncology  **D/O Commencement of RT** 01/09/2015 **D/O Completion of RT** 14/10/2015  **FINAL DIAGNOSIS, STAGE AND HISTOLOGY**  Carcinoma Tongue - Moderately differentiated squamous cell caricnoma.  pT4aN0M0. [cT4aN2bM0]  Post near total glossectomy+ Bilateral selective neck dissection (I-IV) + Anterolateral thigh flap reconstruction +  Tracheostomy + PEG under GA on 20/07/2015.  Completed Post Operative Adjuvant Radiation Therapy 60Gy in 30 fractions with VMAT[SIB-IMRT] technique  on 14.10.2015  **CLINICAL HISTORY AND PHYSICAL FINDINGS**  Mr. Ralph Paulose, 37 year old gentleman, noticed multiple ulcers over tongue for which he consulted multiple  hospitals, but was managed conservatively.  Scrap smear was done in RCC, Thiruvanathapuram in 2013 was negative for malignant cells.  As symptoms progressed in July 2015, he consulted another ENT surgeon and biopsy taken in Apollo hospital  was reported as infiltrating squamous cell carcinoma of moderately differentiated type.  He came to AIMS for further management and was evaluated here at Head and Neck surgery.  Clinical Examination:  Oral cavity- Tongue- Large ulceroproliferative growth over the dorsum of tongue(more on right side)- 4x5 cm  size induration+, margins irregular. Right level II nodes palpable.  Dentition-normal.Base of tongue,vallecula-normal.  Scopy done showed normal study with bilateral vocal cord mobility.  Slide and block review for second opinion [30/6/2015, Histology Lab No :S15-8127] reported as Moderately  differentiated squamous cell carcinoma.  CT Chest with Contrast [30/6/2015]  Multiple patchy areas of air tapping noted bilaterally. No evidence of nodules in bilateral lung parenchyma.  Normal mediastinal vascular structures. The hila are normal. The tracheobronchial tree is normal. No pleural  pathology. Chest wall is normal. Upper abdomen is unremarkable. Bones are normal.  Impression:No evidence of lung nodules.  MRI Tongue with Contrast [Dated:30/6/2015]  A 47.7 x 26 x 38.6 mm (AP x TR x CC), Volume 18.3 cc, enhancing non homogeneous lesion noted involving  the right lateral border and dorsum of oral tongue. Pharyngeal tongue is spared. Lesion is seen to cross the mid  line , reaches up to the left lateral border and also extent to the right sublingual space. All extrinsic and intrinsic  muscles are involved by the lesion. Few prominent lymph nodes noted on right side in level Ib, measuring 1.8 x  1.1 cm and in level II measuring 2.75 x 1 mm and also in left level II. Bones show normal signal.  Impression:Enhancing lesion involving the oral tongue as described - likely to represent malignancy.  His case was discussed in Head and Neck oncology tumor board and was decided to treat him with surgery+  adjuvant treatment.  He underwent near total glossectomy - per oral (Wide local excision) + Bilateral selective neck dissection (I-IV)  + Antero lateral thigh flap reconstruction + Tracheostomy + PEG under GA on 20/07/2015.  Post OP HPR was reported as Squamous cell carcinoma. Differentiation : Well to Moderate.  Invasive front: Cohesive.  Tumor size: 6x5x3cm.  Maximum depth of invasion: 3cm.  Vascular invasion- Present.  Nerve invasion – Present.  Skeletal muscle invasion- present.  Margins: The tumor is 1.5cm from right lateral mucosal, 1.5cm from posterior, 4.5cm from left lateral mucosal  margins and 0.5cm from deep inked margin. Additional deep soft tissue margin: free of tumor.  Lymph nodes: Right level IB: Salivary gland and 4 lymph nodes, free of tumor.  Right level IIA: Six lymph nodes, free of tumor.  Right level IIB: Five lymph nodes, free of tumor.  Right level III: 13 lymph nodes, free of tumor.  Right level IV: Seven lymph nodes, free of tumor.  Prefacial node: One lymph node, free of tumor.  Left level IA: One lymph node, free of tumor.  Left level IIA: Seven lymph nodes, free of tumor. Left level IIB: Ten lymph nodes, free of tumor.  Left level III: Two lymph nodes, free of tumor.  Left level IV: Five lymph nodes, free of tumor.  He was pathologically staged as pT4aN0M0. [skeletal muscle invasion]  His case was re-discussed in Head and Neck oncology tumor board and was planned to offer post operative  adjuvant radiation therapy in view of pT4aN0M0 status and high risk features(LVI,PNI).  **INVESTIGATIONS :**  **Haemogram:**  **Date: Hb: g/dl PCV: % PLT:**  **ku/ml**  **TC:**  **ku/ml**  **DC: N % L:% E: % ESR:**  **mm/1st hr**  07/09/2015 14.6 41.8 318 7.6 55.0 27.7 6.0 -  15/09/2015 14.8 42.6 346 10.5 77.5 12.6 2.72 -  21/09/2015 14.6 44.3 268 10.1 75.3 10.3 3.8 -  28/09/2015 14.4 41.8 268 6.41 67.5 14.0 5.97 -  05/10/2015 15.7 48.5 339 9.35 73.2 11.1 5.20 -  12/10/2015 15.1 45.4 308 10.3 81.1 6.6 2.8 -  **Renal Function Test and Serum Electrolytes:**  **Date: Urea: mg/dl Creatinine: mg/dl Na+: mEq/L K+: mEq/L**  07/09/2015 18.6 1.07 139.1 4.8  21/09/2015 19.8 0.97 135.9 4.6  28/09/2015 14.9 1.09 137.1 4.5  05/10/2015 18.6 1.01 136.9 4.6  12/10/2015 17.7 1.00 138.7 4.5  Date: 12/10/2015  RBC-COUNT-Blood : 5.21 M/uL MCV-Blood : 87.1 fL  MCH-Blood : 29.0 pg MCHC-Blood : 33.2 g/dl  RDW-Blood : 13.5 % MPV-Blood : 7.1 fL  MONO -Blood : 9.2 % BASO-Blood : 0.3 %  Date: 05/10/2015  RBC-COUNT-Blood : 5.50 M/uL MCV-Blood : 88.2 fL  MCH-Blood : 28.5 pg MCHC-Blood : 32.3 g/dl  RDW-Blood : 10.9 % MPV-Blood : 5.53 fL  MONO -Blood : 10.0 % BASO-Blood : .481 %  Date: 28/09/2015  RBC-COUNT-Blood : 5.00 M/uL MCV-Blood : 83.6 fL  MCH-Blood : 28.9 pg MCHC-Blood : 34.6 g/dl  RDW-Blood : 10.8 % MPV-Blood : 6.71 fL  MONO -Blood : 11.7 % BASO-Blood : .846 %  Date: 21/09/2015  RBC-COUNT-Blood : 5.03 M/uL MCV-Blood : 88.1 fL  MRD No:1580152 Name:Mr. RALPH PAULOSE  Page 3 of 5 Printed On:11/08/2024 18:09:15  MCH-Blood : 29.1 pg MCHC-Blood : 33.0 g/dl  RDW-Blood : 13.2 % MPV-Blood : 7.8 fL  MONO -Blood : 10.3 % BASO-Blood : 0.3 %  Date: 15/09/2015  RBC-COUNT-Blood : 5.08 M/uL MCV-Blood : 83.8 fL  MCH-Blood : 29.2 pg MCHC-Blood : 34.8 g/dl  RDW-Blood : 10.8 % MPV-Blood : 6.59 fL  MONO -Blood : 6.58 % BASO-Blood : .643 %  Date: 07/09/2015  Free T3-Serum : 2.94 pg/ml T4 [Thyroxine] free-Serum : 1.09 ng/dl  TSH [Thyroid Stimulating Hormo-Serum : 2.7722  uIU/ml  RBC-COUNT-Blood : 4.72 M/uL  MCV-Blood : 88.5 fL MCH-Blood : 30.9 pg  MCHC-Blood : 34.9 g/dl RDW-Blood : 13.1 %  MPV-Blood : 7.6 fL MONO -Blood : 10.8 %  BASO-Blood : 0.5 %  Date: 05/08/2015  Free T3-Serum : 2.85 pg/ml T4 [Thyroxine] free-Serum : 1.12 ng/dl  TSH [Thyroid Stimulating Hormo-Serum : 1.0029  uIU/ml  **RADIOLOGY AND NUCLEAR MEDICINE REPORTS**  He was further evaluated with USG Neck [11/09/2015] which showed a bilateral submandibular glands are  normal. Thyroid gland appears course in echotexture with normal vascularity -? chronic thyroiditis ( right lobe  10x17mm, left lobe 12x13mm). Lymph node with fatty hilum noted in right level Ib (3mm) and left level Ib  (6mm).A rounded lymphnode with fatty hilum measuring 6x7mm noted in left level III. Subcutaneous soft tissue  thickening noted in the cervical region - ? Radiation changes  Treatment Given:  **SURGERY DETAILS :**  Post Near total glossectomy (Wide local excision) + Bilateral selective neck dissection (1 to 4) + Antero lateral  thigh flap reconstruction + Tracheostomy + PEG under GA on 20/07/2015  **RADIATION DETAILS :**  Intent: Curative [Post Operative Adjuvant Radiation Therapy]  Technique: VMAT[SIB IMRT]  Site of Disease: Oral cavity  Sub Site:Tongue  Cat Scan Simulation on 17.08.2015  Complex Computerised Treatment Planning on 31.08.2015  RT Started on 01.09.2015  RT Completed on 14.10.2015  Treatment breaks- Nil  Elapsed days: 44.  Total Dose: 6000 cGy in 30 fractions  **Primary Tumour And Drainage Area :**  Site: CTV 60Gy [Tongue bed+ Surgical bed+ Bilateral nodal station I, II, III, IVa and V]  Energy: 6 MV Photons  Dose: 6000 cGy in 30 fractions  Schedule: 200 cGy per fraction and 5 fractions a week  Dose prescribed to 100% isodose line.  Site: CTV 54 Gy [Bilateral RPN+ Level V and level IVb- VI]  Energy: 6 MV Photons  Dose: 5400 cGy in 30 fractions  Schedule: 180 cGy per fraction and 5 fractions a week  Dose prescribed to 100% isodose line  **TREATMENT COURSE :**  Mr. Ralph Paulose, 37 year old gentleman, diagnosed as a case of Carcinoma Tongue- pT4aN0M0, completed  the planned course of Post operative adjuvant radiation therapy well without interruptions.  He had Grade 1-2 skin reactions and Grade 2-3 mucositis at the time of completion.  **ADVICES AT DISCHARGE, MEDICATIONS AND FURTHER PLAN**  1. Review after 1 and 2 weeks in RT OPD.  2. Review after 4-6 weeks in HNS-RT Combined Follow Up Clinic 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 the Physician [CXR every 6 months].  2. TFT [T3, T4, TSH] every 6 months routinely to rule out post RT hypothyroidism.  Oral and Skin Care:  1. Mix a pinch of Soda Bicarbonate powder and one table spoon of common salt in a liter of water and use as  mouth wash every 4 to 6 hours. Neem Leaf mouth wash as advised.  2. Skin care: Avoid applying oil and washing with soap. Gentle splashing of water followed by mopping with  towel. Normal daily bath can be resumed after 3 weeks of completion of RT. Apply ointments or creams only  as per Doctors' advice.  3. Silver Sulfadiazine Cream for Local Application TID for wounds [for healing].  Specific:  1. High calorie feeds: 3500 calorie and 120 gm protein with mineral and vitamin supplementation in 2.5 liters  of liquid diet. Orally as tolerated |