|  |  |  |
| --- | --- | --- |
| |  | | --- | | 17/09/2019 | |  | |
|  |
| |  | | --- | | **Study Done:**  **CT CHEST-CONTRAST**  **Clinical information: 51 years  old female known case of Ca  left lung to rule out lung metastasis.**  Subcentimetric upper and lower paratracheal lymphnodes seen.  Normal mediastinal vascular structures.  The hila are normal.  Suspicious partly solid nodule measuring 2.5mm seen in anterior segment of right lower lobe.  No pleural pathology.  Chest wall is normal.  Borderline hepatomegaly with fatty infiltration seen. | |  | |
|  |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Impression:**   * **Suspicious partly solid nodule measuring 2.5mm seen in anterior segment of right lower lobe.Suggested followup.** * **No pleural effusion.** * **No significant medias** * **tinal lymphadenopathy.**  |  | | --- | | **RADIOLOGY REPORT** |  |  |  |  | | --- | --- | --- | | |  | | --- | | **Created Date:**  17/09/2019 | |  | | |  | | |  | | --- | | **Study Done:**  **MRI HEAD & NECK CONTRAST**  Enhancing lesion measuring 25.8 x15.3 x 37.5 mm seen along the left lateral border and dorsum of  mid and posterior third of oral tongue .Lesion crosses the midline ,extents to ipsilateral sublingual space.Floor of mouth is free.Bones show normal signals Naso & oropharynx appear normal. Supraglottis ,glottis and subglottis appear normal. Right  parotid and both submandibular salivary gland appear normal. Carotid and jugular vessels appear normal.  Suspicious nodes in left level IB ,II,III ,large necrotic node in II  measures 3 x4.23 cms.This necrotic node is compressing IJV and abutting the CCA and ICA, with suspicious infiltration of superficial lobe of parotid gland. Thyroid gland appear normal. Cervical spine appear normal. | |  | | |  | | |  | | --- | | **Impression:**   * **Suspected carcinoma tongue.** * **Enhancing lesion measuring 25.8 x15.3 x 37.5 mm seen along the left lateral border and dorsum of  mid and posterior third of oral tongue .Lesion crosses the midline ,extents to ipsilateral sublingual space.Floor of mouth is free.Bones show normal signals.** * **Ipsilateral adenopathy.** | | | |  | | --- | | 23/09/2019 | |  | | | |  | | | |  | | --- | | **Study Done:**  **ULTRASOUND OF NECK**  Thryoid gland appears normal.  No suspicious thyroid nodule.  A subcentimetric level Ib lymph node  noted   with preserved fatty hilum  measures  8mm .  No suspicious  lymph nodes on  right side .  Suspicious  lymph nodes   noted on  left cervical region.  Largest necrotic  lymph node noted in level II b measuring  3.4x3.9cm.  Few other  nodes in level  III & IV seen largest measuring  8x10mm. | |  | | | |  | | | |  | | --- | | **Impression:**   * **No suspicious lymph nodes in right cervical region .** * **Previous MRI mentioned lymph node in left cervical region remains same.** | | | | |  |  | | --- | --- | | **SURGICAL PATHOLOGY REPORT**  **Date of sample collection :**  25/09/2019 |  | | | | |  | | | | |  | | --- | | **Received on :**  25/09/2019 | | | | |  | | | | |  |  | | --- | --- | |  | **Reported Date :**  03/10/2019 | | | | |  | | | | |  | | --- | |  | | | | |  | | |  |  |  |  | | --- | --- | --- | | |  | | --- | | **Clinical Impression :**  Carcinoma tongue | |  | | |  |  |  |  |  | | --- | --- | --- | | |  | | --- | | **Gross Description :**  Received in formalin are 8 specimens. The Ist specimen labelled "WLE left lateral tongue " consists of a portion of tongue whole measuring 7(AP)x3(ML)x5(SI)cm. Overlying mucosa shows an ulcerative lesion measuring 3.5x3.5cm. Raw surface is inked and specimen is serially sliced into 12 slices. On slicing, a grey white irregular lesion is seen arising from the mucosa measuring 3.3x 2.5x 1.5 cm.Depth of lesion is 1.5cm.The lesion is 2cm from anterior mucosal and soft tissue margin , 2.5cm from posterior mucosal margin ,2.5cm from superior medial mucosal margin, 2 mm from inferior lateral soft tissue margin and 0.5cm from deep inked margin.The lesion is 2cm from posterior soft tissue margin and is abutting inferior lateral soft tissue margin .Representative sections are submitted as follows: A1- Anterior mucosal soft tissue margin (radial) A2 - Posterior mucosal margin (radial) A3- Superomedial mucosal soft tissue margin A4 - Inferior soft tissue margin A5- lesion with maximum depth and deep margin A6 - Posterior soft tissue (radial)amrgin A7 - Lesion abutting the inferior lateral soft tissue margin A8 to A11 - Lesion proper Specimen II labelled 'Level Ia"consists of fibrofatty tissue measuring 4x2x1cm. Entire specimen submitted in cassette B. Specimen III labelled"left level Ib" consists of fibrofatty tissue measuring 5x4x3cm.Salivary gland tissue identified. 2 lymph nodes identifed.Largest measuring 1.5x0.6x0.5cm.other measuring 0.8cm Representative sections are submitted in cassettes C1 to C3. Specimen IV labelled"left level IIa and IIb" consists of nodular tissue bit measuring 5x5x3.5cm.On serially slicing grey white lesion is noted measuring 3.5x3x6cm. Cystic change is noted with areas of haemorrhage. Specimen V labelled "Left level III,IV,V" consists of fibrofatty tissue measuring 4x3x2cm.4lymph nodes identified largest measuring 1.6x0.6x0.2cm.Representative sections are submitted in cassettes E1 to E4. Specimen VI labelled "Left level Va" consists of 3 fibrofatty tissue measuring 4x4x3cm.No lymph node identified. Entire specimen submitted in cassette F Specimen VII labelled "Right prefacial node" consists of single nodular tissue bit measuring 1x0.6x0.2cm. Entire specimen submitted in cassette F Specimen VIII labelled "Additional posterior lateral mucosal margin" consists of mucosa covered tissue bit measuring 1.2x0.6x0.2cm. Entire specimen submitted in cassette G. | |  | | |  |  |  |  |  | | --- | --- | --- | | |  | | --- | | **Microscopic Description :**  A.Section from tongue shows a neoplasm arising from epithelium arranged as lobules and small nests.Individual cells have round to oval vesicular nucleus, prominent nucleoli and and abundant cytoplasm.Keratin pearl formation is noted.Numerous giant cells and dyskeratotic cells are noted.Tumour is seen infiltrating into the lingual muscle and is abutting the soft tissue. Dense lymphocytic infiltrate is noted at the tumour. PNI noted (A5). No LVE seen. B.Section from level IA shows fatty tissue free of tumor C.Section from left level IB shows one reactive and one metastatic node. No ENE seen. Tumour deposit is measuring 0.8cm. D.Section from left level IIA and IIB shows one metastatic node with ENE.Tumour deposit is measuring 5cm in greatest dimension. E.Section from left level III, IV ,V shows 4 reactive lymph nodes F. Section from left level VA shows 5 reactive lymph nodes G.Section from right prefacial node- single node - free of tumor. H.Section from additional posterolateral mucosal margin is free of tumour. | |  | | |  |  |  |  |  | | --- | --- | --- | | |  | | --- | |  | |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Impression :**  WLE left lateral tongue+ additional nodes + margins: - Moderately differentiated squamous cell carcinoma - Tumour size 3.5x3.3x1.5cm - Tumour depth -1.5cm - WPOI- Pattern 4 (score1) - LHR - Type 1 (score 0) - PNI -Present (score 1) - LVE-No - Risk group -Intermediate Margins: -Mucosal margins - all mucosal margins free of tumour -Soft tissue margins - Tumour is 0.2cm from inferior lateral soft tissue margin.Posterior soft tissue margin appear free of tumour. However, section from additional posterolateral mucosal margin taken is free of tumour. Lymph nodes: - One metastatic node in left level IIA and IIB seen with ENE. Tumour deposit (largest)is measuring 5cm. Other metastatic nodes- one each from left level III,IV,V region (with minor ENE)and other from left level IB without ENE seen. -Rest of the lymph nodes sampled are free of tumour (0/12) AJCC Stage-pT3N3b   |  | | --- | | **HEAD AND NECK - TUMOUR BOARD** |  |  |  | | --- | --- | |  | **TB Date:**  18/09/2019 | | **Diagnosis date:**  11/09/2019 |  |  |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  | | --- | |  | |  | | **Descriptive History and Examination:**  Patient referred from RCC trivandrum by Dr RejnishKumar, 51 year female hailing from Trivandrum with h/o T2DM Biopsy proven case of Carcinoma Left Tongue cT3N3bMx (Nodes abutting the carotids(CCA/ICA) ~180 degrees. Received One Cycle of Neo-adjuvant Chemotheraphy(CDDP+5-FU)in RCC from 19/8/19 to 22/8/19. Had good response in Tongue lesion, But neck nodes shows no response. i/v/o Young age and Good performance status referred here for Surgical resection and reconstruction f/b Adj.RT in RCC. | |  | | |  | | |  | | --- | |  | |  | |  | |  | | |  |  |  |  |  | | --- | --- | --- | | |  | | --- | | **Tumour Characteristics:** | |  | | |  | | |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  | **Others:**  O/E: KPS-90 O/C,OPx: upg involving the Left posterior 1/3rd of oral tongue, induration felt over the Left BOT, Lesion not crossing Midline, Tip of tongue and FOM free. Scopy: Minimal bulge noted over the left BOT. Endolarynx normal Neck: 7x6cm hard fixed node present at the Left Level-II Multiple small nodes palpable at the left level-III/Ib. Impression: Carcinoma Left Tongue cT3N3bM0 | |  |  | | |  | | |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | |  |  |  |  |  | | --- | --- | --- | | |  | | --- | |  | |  | | |  | | |  |  | | --- | --- | |  |  | |  |  | |  |  | | |  | | |  | | --- | |  | |  | | |  | | |  |  | | --- | --- | | **Primary:**  Squamous cell carcinoma |  | | |  | | |  | | --- | |  | |  | | |  | | |  |  | | --- | --- | |  |  | | |  |  |  |  |  | | --- | --- | --- | | |  | | --- | |  | |  | | |  | | |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | |  | | |  | | --- | |  | |  | | |  | | |  |  | | --- | --- | |  |  | | |  | | |  | | --- | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | | |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | |  |  |  |  |  | | --- | --- | --- | | |  | | --- | |  | |  | | |  | | |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | |  | | |  |  |  | | --- | --- | --- | | |  | | --- | |  | |  | | |  | | |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | |  | | |  | | |  | | --- | | **Diagnosis and Stage:** | |  | | |  | | |  |  | | --- | --- | | **Site:** Oral cavity | **Side:** Left | | |  | | |  |  |  | | --- | --- | --- | |  |  |  | | **Stage:** |  |  | | T3 | N3b | M0 | |  |  |  | | |  | | |  |  | | --- | --- | | **Presentation:** Primary |  | | |  | |  | |  | | |  | | --- | | **Plan:** | |  | | |  | | |  |  | | --- | --- | |  |  | | **Decision Pending** |  | |  |  | | **Tumour Board Plan:** Surgery + RT |  | |  |  | | **Surgery Type:** Primary |  | |  |  | | **Descriptive Plan:**  MRI ideally to be repeated lesion is crossing the midline plan Subtotal glossectomy ( may be leaving some disease) + B/l ND + STF with Adj RT |  | |  |  | | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | |  |  | |  |  | |  |  | | |  |  |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | |  |  | |  |  |  | | --- | --- | | **Date of Admission :**23/09/2019 | **Date of Procedure :**24/09/2019 |  |  | | --- | | **Date of Discharge :**14/10/2019 |  |  | | --- | |  |  |  | | --- | | **Discharging Status :**FOLLOW UP DISCHARGE SUMMARY |  |  | | --- | | **DIAGNOSIS :** | | Carcinoma Left Tongue |  |  | | --- | | **PROCEDURE DONE :** | | WLE (left lateral tongue) with left RND (levels I-V, sacrificing EJV, upper SCM, spinal accessory), with ALT flap with dental extraction with tracheostomy under GA on 24/09/2019 |  |  | | --- | | **DRUG ALLERGIES :** Not known |  |  | | --- | | **HISTORY :** | | 51 year old male patient referred from RCC trivandrum,came here with a h/o T2DM Biopsy proven case of Carcinoma Left Tongue cT3N3bMx (Nodes abutting the carotids(CCA/ICA) ~180 degrees. Received One Cycle of Neo-adjuvant Chemotheraphy(CDDP+5-FU)in RCC from 19/8/19 to 22/8/19. Had good response in Tongue lesion, But neck nodes shows no response. i/v/o Young age and Good performance status referred here for Surgical resection and reconstruction f/b Adj.RT in RCC.Came here for further management. |  |  | | --- | | **MEDICINE ON ADMISSION :** | | Tab Gycomet Gp1 1-0-1 Tab Cardivas 6.25mg 1-0-1/2 Tab Avas 20mg 0-0-1 |  |  | | --- | | **PAST HISTORY :** | | H/O DMT2 since 8 yrs-and was on GLYCOMET-GP 1 1-0-1 last chemotherapy was on22/08/19 No h/o HTN, DLP, CAD, CVA, Asthma, seizure disorders, thyroid dysfunction No recent history of fever/cough |  |  | | --- | | **PERSONAL HISTORY :** | | Good effort tolerance Normal bladder and bowel habits |  |  | | --- | | **CLINICAL EXAMINATION :** | | On examination: GC fair vitals stable Local examination: KPS-90 O/C,OPx: upg involving the Left posterior 1/3rd of oral tongue, induration felt over the Left BOT, Lesion not crossing Midline, Tip of tongue and FOM free. Scopy: Minimal bulge noted over the left BOT. Endolarynx normal Neck: 7x6cm hard fixed node present at the Left Level-II Multiple small nodes palpable at the left level-III/Ib. |  |  | | --- | | **COURSE IN THE HOSPITAL AND DISCUSSION :** | | Patient came here with above mention complaints.Relevant investigations were sent.After PAC evaluations she was taken for the procedure WLE (left lateral tongue) with left RND (levels I-V, sacrificing EJV, upper SCM, spinal accessory), with ALT flap with dental extraction with tracheostomy under GA on 24/09/2019 .She tolerated the procedure well. Her peri and post operative period was uneventful with no major issues. Her drains were removed on POD 2. An endocrinology consultation was sought regarding her glycemic control, they reviewed her and their advices followed. Now she is being discharged with following advices. Her sutures were removed on POD 11 and her RT was removed on POD 16. At the time of discharge:vitals stable, afebrile. |  |  | | --- | | **OPERATIVE FINDINGS :** | | Procedure- WLE (left lateral tongue) with left RND (levels I-V, sacrificing EJV, upper SCM, spinal accessory), with ALT flap with dental extraction with tracheostomy under GA on 24/09/2019 findings- s/p 1cycle of induction CT-4x3cm indurated lesion left lateral tongue. 4x4cm nodal mass left level II involving superficial parotid with scm and IJV, external carotid was ligated. Multiple small nodes level III and IV procedure- under GA with all aseptic precautions WLE (left lateral tongue)done with 1.5cm margins in 3 dimensions, resection extended posteriorly to anterior pillar and tonsil posterolaterally to rmt mucosa. inferiorly myelohyoid was included in the specimen. specimen oriented and sent for HPE. dental extraction- 14,15,16,17,18,24,26,27,28,48 done left RND (levels I-V, sacrificing EJV, upper SCM, spinal accessory) was done. level II was found infiltrating parotid, tail parotid included in the specimen. right side neck upper transverse skin crease incision taken, and facial artery and vein delineated for microvascular anastomosis ALT harvested from left thigh with skin paddle dimension of 8x5cm based on single septocutaneus perforator from descending branch of later circumflex femoral artery. with pedicle length of 5cms. flap used for glossectomy defect measuring 8x3cm. pedicle tunneled to right side neck. Microanastomosis done to right facial artery and vein. flap perfusion checked with prick- bleeding well. Inset completed. closure of neck done in layers over a suction drain kept bilaterally. Thigh closed primarily over a suction drain. tracheostomy done. Procedure uneventful. |  |  | | --- | | **PROGNOSIS ON DISCHARGE :** | | Good |  |  | | --- | | **ADVICE ON DISCHARGE :** | | Keep the wound dry and clean Eye strapping at night |  |  | | --- | | **WHEN TO OBTAIN URGENT CARE:** | | In case of fever/purulent discharge/infection/bleeding. |  |  | | --- | | **DIET RECOMMENDATIONS :** | | Oral soft diet |  |  | | --- | | **PHYSICAL ACTIVITY :** | | As tolerated |  |  | | --- | | **DISCHARGE MEDICATION :** | | \*All current medication have been reviewed and reconciled into the medication list. T.Cardivas 6.25mg 1-0-1/2 x to continue T.Avas 20mg 0-0-1 x to continue Refresh tear drops 2drops 1-1-1-1-1-1 x to continue T. Glycomet GP 1 1-0-1 x to continue Syp. Dexorange 10ml OD x to continue Tab. A-Z 1-0-1 x to continue |  |  | | --- | | **Progress Notes** |      |  | | --- | |  |      |  | | --- | | **Date of birth:**09/01/1968 |      |  | | --- | |  |      |  | | --- | | **Date :**16/09/2019 |  |  | | --- | | **ProgressNotes :** | | Patient referred from RCC trivandrum by Dr RejnishKumar, 51 year female hailing from Trivandrum with h/o T2DM Biopsy proven case of Carcinoma Left Tongue cT4aN3bMx (Nodes abutting the carotids(CCA/ICA) ~180 degrees. Received One Cycle of Neo-adjuvant Chemotheraphy(CDDP+5-FU)in RCC from 19/8/19 to 22/8/19. Had good response in Tongue lesion, But neck nodes shows no response. i/v/o Young age and Good performance status referred here for Surgical resection and reconstruction f/b Adj.RT in RCC. O/E: KPS-90 O/C,OPx: upg involving the Left posterior 1/3rd of oral tongue, induration felt over the Left BOT, Lesion not crossing Midline, Tip of tongue and FOM free. Scopy: Minimal bulge noted over the left BOT. Endolarynx normal Neck: 7x6cm hard fixed node present at the Left Level-II Multiple small nodes palpable at the left level-III/Ib. CT scan done twice (Both were post chemo): Reports scanned and updated in HMS Impression: Carcinoma Left Tongue cT3N3bM0  Advice: MR Head and Neck with contrast CT Chest plain PAC PAC Ix Plan: WLE + Left ND (IJV to be ligated, Shaving of the tumor from the carotids, Marking to be done for RT) + STF (Based on MR will decide the flap) under ga f/b Adj.RT  **ProgressNotes :**  DIAGNOSIS : Carcinoma Left Tongue  PROCEDURE DONE : WLE (left lateral tongue) with left RND (levels I-V, sacrificing EJV, upper SCM,  spinal accessory), with ALT flap with dental extraction with tracheostomy under GA on 24/09/2019 .  HPR : pT3N3b - Tumour size 3.5x3.3x1.5cm - Tumour depth -1.5cm - WPOI- Pattern 4 (score1) - LHR - Type  1 (score 0) - PNI -Present (score 1) - LVE-No - Risk group -Intermediate Margins: -Mucosal margins - all  mucosal margins free of tumour -Soft tissue margins - Tumour is 0.2cm from inferior lateral soft tissue  margin.Posterior soft tissue margin appear free of tumour. However, section from additional posterolateral  mucosal margin taken is free of tumour. Lymph nodes: - One metastatic node in left level IIA and IIB seen  with ENE. Tumour deposit (largest)is measuring 5cm. Other metastatic nodes- one each from left level  III,IV,V region (with minor ENE)and other from left level IB without ENE seen. -Rest of the lymph nodes  sampled are free of tumour (0/12)  Agreed Plan of management : adj CTRT  30 # finished on 28th December at RCC (Dr. Rajnish)  2 cycles Chemo (CDDP + 5FU)  c/o cough  O/e : traumatic ulcer over the left side of flap +, 1x1 cm, non indurated  offending tooth 35 |   **Operative Notes**  **Date : 24/09/2019**  **ProgressNotes :**  Procedure- WLE (left lateral tongue) with left RND (levels I-V, sacrificing EJV, upper SCM, spinal  accessory), with ALT flap with dental extraction with tracheostomy under GA  findings- s/p 1cycle of induction CT-4x3cm indurated lesion left lateral tongue. 4x4cm nodal mass left level II  involving superficial parotid with scm and IJV, external carotid was ligated. Multiple small nodes level III and  IV  procedureunder  GA with all aseptic precautions  WLE (left lateral tongue)done with 1.5cm margins in 3 dimensions, resection extended posteriorly to anterior  pillar and tonsil posterolaterally to rmt mucosa. inferiorly myelohyoid was included in the specimen. specimen  oriented and sent for HPE. dental extraction- 14,15,16,17,18,24,26,27,28,48 done  left RND (levels I-V, sacrificing EJV, upper SCM, spinal accessory) was done. level II was found infiltrating  parotid, tail parotid included in the specimen.  right side neck upper transverse skin crease incision taken, and facial artery and vein delineated for  microvascular anastomosis  ALT harvested from left thigh with skin paddle dimension of 8x5cm based on single septocutaneus perforator  from descending branch of later circumflex femoral artery. with pedicle length of 5cms. flap used for  glossectomy defect measuring 8x3cm. pedicle tunneled to right side neck. Microanastomosis done to right  facial artery and vein. flap perfusion checked with prick- bleeding well. Inset completed. closure of neck done  in layers over a suction drain kept bilaterally. Thigh closed primarily over a suction drain. tracheostomy done.  Procedure uneventful. | | | |