**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 27/03/2012

**Received on :** 27/03/2012

**Reported Date :** 29/03/2012

**Clinical Impression :**

Carcinoma left lateral border extends to base of tongue

Gross Description : Received in formalin are 14 specimens. The Ist specimen labelled as "Subtotal glosectomy",

consists of measuring 8.5x5x5cm. An ulceroproliferative growth is seen on the left side of the tongue, situated

3cm from the lip of tongue, 2.2cm from posterior mucosal margin, 4cm from dorsal mucosal margin, 2cm from

inferior (lingual margin). The growth measuring 3.5x3.8x3cm. Representative sections are submitted as

follows:

A1 to A3 - From lesion with mucosa

A4 - Tonsillar mucosal margin

A5 - Posterior mucosal margin

A6 - Posterior mucosal soft tissue margin

A7 - Lesion with deep inked margin

A8 - Lymph node

Specimen II labelled as "Additional deep margin", consists of 2 grey brown tissue bits measuring 2x1.2x1cm.

Entire specimen submitted in cassette B.

specimen III labelled as "Additional posterior margin", consists of a grey brown tissue bits measuring

2x0.8x0.8cm. Entire specimen submitted in cassette C.

Specimen IV labelled as"Submandibular gland + level IB tissue", consists of salivary gland measuring

4.5x3.5x1.5cm. External surface inked. Cut section shows salivary gland tissue and fat with foci of

haemorrhage. Representative sections are submitted in D1 to D4 cassettes.

specimen V labelled as "level II A left", consists of multiple fibrotic tissue in aggregate measuring 4.5x2.5x2cm.

7 lymph nodes identified, largest one measuring 0.5cm. Cut section grey brown. Representative sections are

submitted in cassette E.

specimen VI labelled as "Left level IIB", consists of a fibrofatty tissue measuring 3x2x1cm. 2 lymph nodes

identified, largest one measuring 0.5cm. Cut section grey white. Representative sections are submitted as

follows:

F1 - 2 lymph nodes

F2 - Fibrofatty tissue

Specimen VII labelled as "left level III", consists of 2 fibrofatty tissue one measuring 2.5x2x2cm and other

measuring 3x1.8x1cm. 8 lymph nodes identified, largest one measuring 1cm in greatest dimension. Cut section

grey brown. Representative sections are submitted as follows:

G1 - 4 lymph nodes

G2 - 4 lymph nodes

G3 - Fibrofatty tissue

Specimen VIII labelled as "Right level IV", consists of grey brown tissue bit measuring 4x2x1cm. 7 lymph

nodes identified, largest one measuring 1.2cm in greatest dimension. Cut section grey brown. Representative

sections are submitted as follows:

H1 - 3 lymph nodes

H2 - 4 lymph nodes

Specimen IX labelled as "Right level IA", consists of fibrofatty tissue measuring 4x3x1cm. 5 lymph nodes

identified, largest measuring 0.8cm. Representative sections are submitted as follows:

J1 - 5 lymph nodes

J2 - Fibrofatty tissue

Specimen X labelled as "level IB", consists of fibrofatty tissue measuring 4.5x3x2cm. 4 lymph nodes identified,

largest measuring 0.8cm. Representative sections are submitted as follows:

K1 - 4 lymph nodes

K2 & K3 - From salivary gland

Specimen XI labelled as "Level IIA right", consists of multiple fibrofatty tissue in aggregate measuring

4x3x2cm. 7 lymph nodes identified, largest one measuring 0.8cm. Representative sections are submitted as

follows:

L1 - 4 lymph nodes

L2 - 4 lymph nodes

L3 - From fibrofatty tissue

Specimen XII labelled as "Right level IIB", consists of fibrofatty tissue measuring 2.5x2x1.5cm. 2 lymph nodes

identified, largest measuring 0.6cm. Representative sections are submitted as follows:

M1 - 2 lymph nodes

M2 - From fibrofatty tissue

Specimen XIIIabelled as "Right level III & IV", consists of multiple fibrofatty tissue in aggregate measuring

6x4.5x2cm. 5 lymph nodes identified, largest measuring 0.5cm. Representative sections are submitted as

follows:

N1 - 5 lymph nodes

N2 - Fibrofatty tissue

(Dr.Jessy/RR/Sm)

Microscopic Description : A) Subtotal glossectomy :

-Moderately differentiated squamous cell carcinoma.

-Tr. size 3.5x3.8x3 cms

- No lymphovascular / perineural invasion seen.

- Tumor margins are pushing and infiltrative.

- Tumor is seen to infiltrate into the skeltal muscles.

- All resection margins are free and well away.

- Deep free margin is 1 cm.

B) Additional deep margin : Free of tumor.

C) Additional posterior margin : Free of tumor.

D) Submandibular gland + level IB tissue : 4 reactive nodes and salivary gland tissue with features of mlild

chronic sialadenitis.

E) level II A left : 8 reactive nodes.

F) Left level IIB : 3 reactive nodes.

G) left level III : 12 reactive nodes.

H) Right level IV : 7 reactive nodes.

J) Right level IA : 4 reactive nodes.

K) Right level IB : 4 reactive nodes and salivary gland tissue with features of mlild chronic sialadenitis.

L) Level IIA right : 7 reactive nodes.

M) Right level IIB : 3 reactive nodes.

N) Right level III & IV : 6 reactive nodes.

Diagnosis : Subtotal glossectomy + Additional margins and Selective neck dissection:

-Moderately differentiated squamous cell carcinoma.

-Tr. size 3.5x3.8x3 cms

- Depth of invasion 3cms.

-No lymphovascular / perineural invasion seen.

-All resection margins and additional margins are free and well away.

-58 reactive nodes.

pT2N0Mx.

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 27/03/2012

**Received on :** 27/03/2012

**Reported Date :** 28/03/2012

**Clinical Impression :**

Carcinoma left lateral border extends to base of tongue

**Gross Description :**

Received in formalin are 14 specimens. The Ist specimen labelled as "Subtotal glosectomy", consists of

measuring 8.5x5x5cm. An ulceroproliferative growth is seen on the left side of the tongue, situated 3cm from

the lip of tongue, 2.2cm from posterior mucosal margin, 4cm from dorsal mucosal margin, 2cm from inferior

(lingual margin). The growth measuring 3.5x3.8x3cm. Representative sections are submitted as follows:

A1 to A3 - From lesion with mucosa

A4 - Tonsillar mucosal margin

A5 - Posterior mucosal margin

A6 - Posterior mucosal soft tissue margin

A7 - Lesion with deep inked margin

A8 - Lymph node

Specimen II labelled as "Additional deep margin", consists of 2 grey brown tissue bits measuring 2x1.2x1cm.

Entire specimen submitted in cassette B.

specimen III labelled as "Additional posterior margin", consists of a grey brown tissue bits measuring

2x0.8x0.8cm. Entire specimen submitted in cassette C.

Specimen IV labelled as"Submandibular gland + level IB tissue", consists of salivary gland measuring

4.5x3.5x1.5cm. External surface inked. Cut section shows salivary gland tissue and fat with foci of

haemorrhage. Representative sections are submitted in D1 to D4 cassettes.

specimen V labelled as "level II A left", consists of multiple fibrotic tissue in aggregate measuring 4.5x2.5x2cm.

7 lymph nodes identified, largest one measuring 0.5cm. Cut section grey brown. Representative sections are

submitted in cassette E.

specimen VI labelled as "Left level IIB", consists of a fibrofatty tissue measuring 3x2x1cm. 2 lymph nodes

identified, largest one measuring 0.5cm. Cut section grey white. Representative sections are submitted as

follows:

F1 - 2 lymph nodes

F2 - Fibrofatty tissue

Specimen VII labelled as "left level III", consists of 2 fibrofatty tissue one measuring 2.5x2x2cm and other

measuring 3x1.8x1cm. 8 lymph nodes identified, largest one measuring 1cm in greatest dimension. Cut section

grey brown. Representative sections are submitted as follows:

G1 - 4 lymph nodes

G2 - 4 lymph nodes

G3 - Fibrofatty tissue

Specimen VIII labelled as "Right level IV", consists of grey brown tissue bit measuring 4x2x1cm. 7 lymph

nodes identified, largest one measuring 1.2cm in greatest dimension. Cut section grey brown. Representative

sections are submitted as follows:

H1 - 3 lymph nodes

H2 - 4 lymph nodes

Specimen IX labelled as "Right level IA", consists of fibrofatty tissue measuring 4x3x1cm. 5 lymph nodes

identified, largest measuring 0.8cm. Representative sections are submitted as follows:

J1 - 5 lymph nodes

J2 - Fibrofatty tissue

Specimen X labelled as "level IB", consists of fibrofatty tissue measuring 4.5x3x2cm. 4 lymph nodes identified,

largest measuring 0.8cm. Representative sections are submitted as follows:

K1 - 4 lymph nodes

K2 & K3 - From salivary gland

Specimen XI labelled as "Level IIA right", consists of multiple fibrofatty tissue in aggregate measuring

4x3x2cm. 7 lymph nodes identified, largest one measuring 0.8cm. Representative sections are submitted as

follows:

L1 - 4 lymph nodes

L2 - 4 lymph nodes

L3 - From fibrofatty tissue

Specimen XII labelled as "Right level IIB", consists of fibrofatty tissue measuring 2.5x2x1.5cm. 2 lymph nodes

identified, largest measuring 0.6cm. Representative sections are submitted as follows:

M1 - 2 lymph nodes

M2 - From fibrofatty tissue

Specimen XIIIabelled as "Right level III & IV", consists of multiple fibrofatty tissue in aggregate measuring

6x4.5x2cm. 5 lymph nodes identified, largest measuring 0.5cm. Representative sections are submitted as

follows:

N1 - 5 lymph nodes

N2 - Fibrofatty tissue

**Microscopic Description :**

A) Subtotal glossectomy :

-Moderately differentiated squamous cell carcinoma.

-Tr. size 3.5x3.8x3 cms

- No lymphovascular / perineural invasion seen.

- Tumor margins are pushing and infiltrative.

- Tumor is seen to infiltrate into the skeltal muscles.

- All resection margins are free and well away.

- Deep free margin is 1 cm.

B) Additional deep margin : Free of tumor.

C) Additional posterior margin : Free of tumor.

D) Submandibular gland + level IB tissue : 4 reactive nodes and salivary gland tissue with features of mlild

chronic sialadenitis.

E) level II A left : 8 reactive nodes.

F) Left level IIB : 3 reactive nodes.

G) left level III : 12 reactive nodes.

H) Right level IV : 7 reactive nodes.

J) Right level IA : 4 reactive nodes.

K) Right level IB : 4 reactive nodes and salivary gland tissue with features of mlild chronic sialadenitis.

L) Level IIA right : 7 reactive nodes.

M) Right level IIB : 3 reactive nodes.

N) Right level III & IV : 6 reactive nodes.

**Diagnosis :**

Subtotal glossectomy + Additional margins and Selective neck dissection:

-Moderately differentiated squamous cell carcinoma.

-Tr. size 3.5x3.8x3 cms

- Depth of invasion 3cms.

-No lymphovascular / perineural invasion seen.

-All resection margins and additional margins are free and well away.

-58 reactive nodes.

pT2N0Mx.

**SURGICAL PATHOLOGY REPORT**

**Ref By :** Dr.Krishna Kumar

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

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

**Reported Date :** 14/10/2013

**Histology Lab No :** S13-11184

**Clinical Impression :**

Carcinoma tongue

**Gross Description :**

Received in formalin is an unlabelled specimen, consists of multiple grey white tissue bits in aggregate

measuring 1x1x0.2cm. Entire specimen submitted in one cassette.

**Microscopic Description :**

Section shows fragments of tissue exhibiting marked acanthosis with mild to moderate degree of

lymphoplasmacytic infiltrate. Focally actinomycotic colonies are seen.

No dysplasia noted.

**Impression :**

Tissue from posterolateral part of tongue ulcer:-

No residual tumor in a known case of carcinoma tongue

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| **Date of Admission :**26/03/2012 | **Date of Procedure :**27/03/2012 |

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| **Date of Discharge :**12/04/2012 |

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| **DIAGNOSIS :** |
| Ca of left lateral border of tongue c T4 N0 Mx |

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| **PROCEDURE DONE :** |
| SURGERY --Near total glossectomy +Bilateral level I to IV neck dissection + FRREE ALT flap reconstruction +Total tooth extraction under GA on 27/3/2012 PEG tube placement 9/4/2012. |

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| **DRUG ALLERGIES :** None. |

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| **HISTORY :** |
| c/o ulcer and pain in tongue since 5 months biopsy from outside : MDSCC |

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| **PAST HISTORY :** |
| HTN on Tt Had Testicular carcinoma operated and irraidated 23yrs back (RCC) Not a smoker , alocoholic, pan chewer |

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| **CLINICAL EXAMINATION :** |
| o/e: Mouth opening is normal, partially dentate tongue movements restricted 5x4 cm ulceroinfiltrative lesion on Lt side tongue reaching upto midline and reaching onto base tongue , valleculae is free, tumour close to mandible near RMT area, and Lt side floor of mouth is invilved Tongue ,movements restricted Neck: NED other head and neck areas: NED |

**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** |
| 27/03/2012 | 10.8 | 32.3 | 256.0 | 12.9 | 77.8 | 14.9 | 0.826 | - |
| 28/03/2012 | 10.4 | 30.0 | 294.0 | 14.6 | 90.7 | 3.94 | 0.026 | - |

**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** |
| 28/03/2012 | 0.97 | - | - | - | - | - | 2.36 | - |
| 06/04/2012 | 0.60 | 0.19 | 35.5 | 29.7 | 169.7 | 7.09 | 3.00 | 4.1 |

**Renal Function Test and Serum Electrolytes:**

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| --- | --- | --- | --- | --- |
| **Date:** | **Urea: mg/dl** | **Creatinine: mg/dl** | **Na+: mEq/L** | **K+: mEq/L** |
| 26/03/2012 | - | 1.71 | - | - |
| 27/03/2012 | 34.7 | 1.39 | 135.1 | 4.7 |
| 28/03/2012 | 40.6 | 1.57 | - | - |
| 30/03/2012 | 42.5 | 1.31 | 134.0 | 4.11 |

Date: 28/03/2012

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

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| MCH-Blood : 30.3 pg | MCHC-Blood : 34.7 g/dl |

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| RDW-Blood : 15.0 % | MPV-Blood : 7.42 fL |

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| MONO -Blood : 4.91 % | BASO-Blood : 0.403 % |

Date: 27/03/2012

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| RBC-COUNT-Blood : 3.68 M/uL | MCV-Blood : 87.9 fL |

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| MCH-Blood : 29.4 pg | MCHC-Blood : 33.4 g/dl |

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| RDW-Blood : 13.6 % | MPV-Blood : 6.97 fL |

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| MONO -Blood : 6.01 % | BASO-Blood : 0.443 % |

Date: 26/03/2012

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

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| Surgical Pathology Report Patient Name :Mr. K. R. SREEDHARAN NAIR MRD# :1132551 Age(as per today) :65Y 3M 8D Sex :Male Visit Type :IP0001 Location :T1F1H and NSTEPDOW-A1 Service :Histopath-Lymph node dissection -Radical Department :Head And Neck Surgery And Oncology Date of sample collection :27/03/2012 Received on :27/03/2012 Reported Date :29/03/2012 Histology Lab No :S12-3290 Clinical Impression : Carcinoma left lateral border extends to base of tongue Gross Description : Received in formalin are 14 specimens. The Ist specimen labelled as "Subtotal glosectomy", consists of measuring 8.5x5x5cm. An ulceroproliferative growth is seen on the left side of the tongue, situated 3cm from the lip of tongue, 2.2cm from posterior mucosal margin, 4cm from dorsal mucosal margin, 2cm from inferior (lingual margin). The growth measuring 3.5x3.8x3cm. Representative sections are submitted as follows: A1 to A3 - From lesion with mucosa A4 - Tonsillar mucosal margin A5 - Posterior mucosal margin A6 - Posterior mucosal soft tissue margin A7 - Lesion with deep inked margin A8 - Lymph node Specimen II labelled as "Additional deep margin", consists of 2 grey brown tissue bits measuring 2x1.2x1cm. Entire specimen submitted in cassette B. specimen III labelled as "Additional posterior margin", consists of a grey brown tissue bits measuring 2x0.8x0.8cm. Entire specimen submitted in cassette C. Specimen IV labelled as"Submandibular gland + level IB tissue", consists of salivary gland measuring 4.5x3.5x1.5cm. External surface inked. Cut section shows salivary gland tissue and fat with foci of haemorrhage. Representative sections are submitted in D1 to D4 cassettes. specimen V labelled as "level II A left", consists of multiple fibrotic tissue in aggregate measuring 4.5x2.5x2cm. 7 lymph nodes identified, largest one measuring 0.5cm. Cut section grey brown. Representative sections are submitted in cassette E. specimen VI labelled as "Left level IIB", consists of a fibrofatty tissue measuring 3x2x1cm. 2 lymph nodes identified, largest one measuring 0.5cm. Cut section grey white. Representative sections are submitted as follows: F1 - 2 lymph nodes F2 - Fibrofatty tissue Specimen VII labelled as "left level III", consists of 2 fibrofatty tissue one measuring 2.5x2x2cm and other measuring 3x1.8x1cm. 8 lymph nodes identified, largest one measuring 1cm in greatest dimension. Cut section grey brown. Representative sections are submitted as follows: G1 - 4 lymph nodes G2 - 4 lymph nodes G3 - Fibrofatty tissue Specimen VIII labelled as "Right level IV", consists of grey brown tissue bit measuring 4x2x1cm. 7 lymph nodes identified, largest one measuring 1.2cm in greatest dimension. Cut section grey brown. Representative sections are submitted as follows: H1 - 3 lymph nodes H2 - 4 lymph nodes Specimen IX labelled as "Right level IA", consists of fibrofatty tissue measuring 4x3x1cm. 5 lymph nodes identified, largest measuring 0.8cm. Representative sections are submitted as follows: J1 - 5 lymph nodes J2 - Fibrofatty tissue Specimen X labelled as "level IB", consists of fibrofatty tissue measuring 4.5x3x2cm. 4 lymph nodes identified, largest measuring 0.8cm. Representative sections are submitted as follows: K1 - 4 lymph nodes K2 & K3 - From salivary gland Specimen XI labelled as "Level IIA right", consists of multiple fibrofatty tissue in aggregate measuring 4x3x2cm. 7 lymph nodes identified, largest one measuring 0.8cm. Representative sections are submitted as follows: L1 - 4 lymph nodes L2 - 4 lymph nodes L3 - From fibrofatty tissue Specimen XII labelled as "Right level IIB", consists of fibrofatty tissue measuring 2.5x2x1.5cm. 2 lymph nodes identified, largest measuring 0.6cm. Representative sections are submitted as follows: M1 - 2 lymph nodes M2 - From fibrofatty tissue Specimen XIIIabelled as "Right level III & IV", consists of multiple fibrofatty tissue in aggregate measuring 6x4.5x2cm. 5 lymph nodes identified, largest measuring 0.5cm. Representative sections are submitted as follows: N1 - 5 lymph nodes N2 - Fibrofatty tissue (Dr.Jessy/RR/Sm) Microscopic Description : A) Subtotal glossectomy : -Moderately differentiated squamous cell carcinoma. -Tr. size 3.5x3.8x3 cms - No lymphovascular / perineural invasion seen. - Tumor margins are pushing and infiltrative. - Tumor is seen to infiltrate into the skeltal muscles. - All resection margins are free and well away. - Deep free margin is 1 cm. B) Additional deep margin : Free of tumor. C) Additional posterior margin : Free of tumor. D) Submandibular gland + level IB tissue : 4 reactive nodes and salivary gland tissue with features of mlild chronic sialadenitis. E) level II A left : 8 reactive nodes. F) Left level IIB : 3 reactive nodes. G) left level III : 12 reactive nodes. H) Right level IV : 7 reactive nodes. J) Right level IA : 4 reactive nodes. K) Right level IB : 4 reactive nodes and salivary gland tissue with features of mlild chronic sialadenitis. L) Level IIA right : 7 reactive nodes. M) Right level IIB : 3 reactive nodes. N) Right level III & IV : 6 reactive nodes. Diagnosis : Subtotal glossectomy + Additional margins and Selective neck dissection: -Moderately differentiated squamous cell carcinoma. -Tr. size 3.5x3.8x3 cms - Depth of invasion 3cms. -No lymphovascular / perineural invasion seen. -All resection margins and additional margins are free and well away. -58 reactive nodes. pT2N0Mx. Dr.Hiran.K.R MD(Pathology) Sm/H Signed By:Dr.Hiran K.R |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| Patient presented with c/o ulcer and pain in tongue since 5 months HTN on Tt biopsy from outside : MDSCC Had Testicular carcinoma operated and irraidated 23yrs back (RCC) HTN on Tt Not a smoker , alocoholic, pan chewer o/e: Mouth opening is normal, partially dentate tongue movements restricted 5x4 cm ulceroinfiltrative lesion on Lt side tongue reaching upto midline and reaching onto base tongue , valleculae is free, tumour close to mandible near RMT area, and Lt side floor of mouth is invilved Tongue ,movements restricted Neck: NED other head and neck areas: NED MRI done outside: soft tissue lesion base tongue and lt side tongue reaching upto midline This case was discussed in Tumor board and was decided to treat him with surgery followed by adjuvant treatment.He underwent Near total glossectomy +Bilateral level I to IV neck dissection + FRREE ALT flap reconstruction +Total tooth extraction under GA on 27/3/2012.Postop period was uneventful. His final HPR was discussed again in Tumor Board and was decided to give post op RT in view of clinically T4 disease and infiltration of extrinsic muscles of tongue.RT consultation was done.Swallowing assesment was done .PEG was done on 9/4/2012.PEG feeds started .Neck and ALT donor site sutures removed.Pt is discharged in stable condition.Dental prophylaxis done. |

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| **OPERATIVE FINDINGS :** |
| SURGERY NOTES. 27/3/2012 DIAGNOSIS-CA TONGUE cT4 N0 Mx SURGERY --Near total glossectomy +Bilateral level I to IV neck dissection + FRREE ALT flap reconstruction +Total tooth extraction under GA. FINDINGS--Large infiltrative growth of 7 x 4 cm invoving entire left half of tongue including tongue base extending upto hyoiod, crossing midline and involving rt tongue in midlle third of oral tongue. FOM not involved. Neck --2 x 1.5 cm mobile node in left level II.Multiple small nodes in bilateral level II and III. PROCEDURE--Total tooth extraction done.Mucosa over alveolar bone sutured. Lower lip split incison with transverse neck incision given.Lower lip split done.Mandibular pre plating done with 2 mm plates , one with 7 holes and 5 holes.Para median mandibulectomy done. Alveolar mucosa raised from left alveolus.With adequate margins near total glossectomy done including part of left ant tonsillart pillar, tonsil and left FOM muscles.Only small part of Rt BOT preserved. Neck -bilateral level I to IV selective neck disection done.Heamostasis secured .Drains placed. RECONSTRUCTION-Left ALT flap raised of 20 x 9 cm from left thigh, based on septocutaneous perforator.Flap insetting dont to FOM and remaining tongue.Microvascular anastomosis done to left FACIAL artery and branch of IJV.ALT donor site closed primarily after placing suction drain. After acheiving heamostasis, neck closed in l;ayers.Mandible plated and closed.Tracheostomy done. |

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| **ADVICE ON DISCHARGE :** |
| TAB AUGMENTIN 625MG TWICE DAILY/PEG FOR 4 DAYS. TAB DOLO 650MG THRICE DAILY/PEG FOR 1WEEK. TAB PANTOP 20MG TEICE DAILY/PEG FOR 1 WEEK. SYR.MUCOLITE 10ML THRICE DAILY CONTINUE OWN MEDICINES. |

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| **DIET RECOMMENDATIONS :** |
| PEG feeds. |

**Progress Notes**

**Date : 10/04/2012**

**ProgressNotes :**

Ward Concsultation.

Radiation Oncology.

Clinically carcinoma tongue T4N0m0

Pathology reported as pT2N0M0 - to be discussed with Dr.Hiran.

No LVI / pNI / PNS.

Adjuvant RT alone.

PEG placed.

Dental cleared from ward.

IMRT / 3DCRT to decided by patient.

FIC for 3DCRT 30 fraction given.

Dose 60 Gy in 30 fractions.

Son getting married on 26/04/2012.

CT sim on 30/04/2012.

RT beaming on 07/05/2012.

**PROGRESS NOTE**

**Progress Notes**

**Date : 10/12/2015**

**ProgressNotes :**

Case reviewed:

VFS:

With thin and thick barium patient able to swallow with small boluses with multiple swallows.

secondary penetration and aspiration present.

Cough reflex poor.

Cough efficiency good.

ADVICE

Continue oral feed with thick liquid and semi solid.

Intentional post swallow cough.

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| **OPERATIVE FINDINGS :** |
| SURGERY NOTES. 27/3/2012 DIAGNOSIS-CA TONGUE cT4 N0 Mx SURGERY --Near total glossectomy +Bilateral level I to IV neck dissection + FRREE ALT flap reconstruction +Total tooth extraction under GA. FINDINGS--Large infiltrative growth of 7 x 4 cm invoving entire left half of tongue including tongue base extending upto hyoiod, crossing midline and involving rt tongue in midlle third of oral tongue. FOM not involved. Neck --2 x 1.5 cm mobile node in left level II.Multiple small nodes in bilateral level II and III. PROCEDURE--Total tooth extraction done.Mucosa over alveolar bone sutured. Lower lip split incison with transverse neck incision given.Lower lip split done.Mandibular pre plating done with 2 mm plates , one with 7 holes and 5 holes.Para median mandibulectomy done. Alveolar mucosa raised from left alveolus.With adequate margins near total glossectomy done including part of left ant tonsillart pillar, tonsil and left FOM muscles.Only small part of Rt BOT preserved. Neck -bilateral level I to IV selective neck disection done.Heamostasis secured .Drains placed. RECONSTRUCTION-Left ALT flap raised of 20 x 9 cm from left thigh, based on septocutaneous perforator.Flap insetting dont to FOM and remaining tongue.Microvascular anastomosis done to left FACIAL artery and branch of IJV.ALT donor site closed primarily after placing suction drain. After acheiving heamostasis, neck closed in l;ayers.Mandible plated and closed.Tracheostomy done. |

**Speciality :** RadiationOncology

**D/O Commencement of RT** 18/05/2012 **D/O Completion of RT** 27/06/2012

**FINAL DIAGNOSIS, STAGE AND HISTOLOGY**

CA Tongue Left lateral border T4aN0M0,

S/p Near total glossectomy +Bilateral level I to IV neck dissection + FRREE ALT flap reconstruction on

27.3.2012

PEG tube placement on 9.4.2012.

Completed adjuvant radiation treatment, 6000cGy in 30 fractions on 27.6.2012

**CLINICAL HISTORY AND PHYSICAL FINDINGS**

65 year old gentleman with no previous history of hypertension, was evaluated for non healing ulcer and pain in

tongue of 5 months duration. He was initially seen at Caritras hospital, Kottayam and a Biopsy was done which

showed Moderately Differentiated Squamous Cell Carcinoma of the tongue.

MRI done outside: Soft tissue lesion base tongue and left side tongue reaching upto midline .

He reported to AIMS for futhur evaluation and treatment to Head and Neck department.

o/e:

Mouth opening is normal, partially dentate tongue movements restricted, 5x4 cm ulceroinfiltrative lesion on Lt

side tongue reaching upto midline and reaching onto base tongue , valleculae is free, tumour close to mandible

near RMT area, and Lt side floor of mouth is involved.

Neck: NED other Head and neck areas: NED

This case was discussed in Tumor board and was decided to treat him with surgery followed by adjuvant

treatment.

He underwent Near total glossectomy +Bilateral level I to IV neck dissection + FREE ALT flap reconstruction

+Total tooth extraction under GA on 27/3/2012.

Final HPR:

-Subtotal glossectomy + Additional margins and Selective neck dissection:

-Moderately differentiated squamous cell carcinoma.

-Tumor size 3.5x3.8x3 cms

- Depth of invasion 3cms.

-No lymphovascular / perineural invasion seen.

-All resection margins and additional margins are free and well away.

-58 reactive nodes.

The Final HPR was discussed again in Tumor Board and was decided to give post op RT in view of clinically T4

disease and infiltration of extrinsic muscles of tongue.

Tumour board decision: Adjuvant RT, 60Gy in 30 fractions.

**INVESTIGATIONS :**

**Haemogram:**

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

**ku/ml**

**TC:**

**ku/ml**

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

**mm/1st hr**

21/05/2012 13.2 38.3 383.0 4.2 59.6 27.5 2.83 -

28/05/2012 10.8 31.8 302.0 4.94 68.9 15.8 2.2 -

04/06/2012 10.4 30.6 345.0 4.76 69.0 14.8 3.06 -

11/06/2012 10.3 30.7 295.0 4.46 65.7 14.7 4.17 -

18/06/2012 15.3 32.9 340.0 6.98 77.0 8.32 3.25 -

20/06/2012 10.8 31.7 311.0 7.64 83.1 5.81 1.16 -

25/06/2012 10.2 31.1 285.0 5.33 74.4 9.03 4.34 -

**Renal Function Test and Serum Electrolytes:**

**Date: Urea: mg/dl Creatinine: mg/dl Na+: mEq/L K+: mEq/L**

28/05/2012 32.3 1.25 119.0 4.2

18/06/2012 29.2 1.13 122.8 5.7

19/06/2012 - - 120.5 5.2

20/06/2012 - 1.11 125.2 4.7

21/06/2012 - - 131.5 4.6

MRD No:1132551 Name:Mr. K. R. SREEDHARAN NAIR

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Date: 25/06/2012

RBC-COUNT-Blood : 3.59 M/uL MCV-Blood : 86.6 fL

MCH-Blood : 28.5 pg MCHC-Blood : 32.9 g/dl

RDW-Blood : 13.7 % MPV-Blood : 5.9 fL

MONO -Blood : 11.3 % BASO-Blood : 0.92 %

Date: 20/06/2012

RBC-COUNT-Blood : 3.74 M/uL MCV-Blood : 84.7 fL

MCH-Blood : 28.9 pg MCHC-Blood : 34.1 g/dl

RDW-Blood : 14.5 % MPV-Blood : 6.06 fL

MONO -Blood : 9.64 % BASO-Blood : 0.316 %

Date: 18/06/2012

RBC-COUNT-Blood : 3.93 M/uL MCV-Blood : 83.7 fL

MCH-Blood : 39.0 pg MCHC-Blood : 46.6 g/dl

RDW-Blood : 14.7 % MPV-Blood : 4.95 fL

MONO -Blood : 10.5 % BASO-Blood : 0.921 %

Date: 11/06/2012

RBC-COUNT-Blood : 3.62 M/uL MCV-Blood : 84.7 fL

MCH-Blood : 28.5 pg MCHC-Blood : 33.6 g/dl

RDW-Blood : 13.9 % MPV-Blood : 5.74 fL

MONO -Blood : 14.3 % BASO-Blood : 1.07 %

Date: 04/06/2012

RBC-COUNT-Blood : 3.62 M/uL MCV-Blood : 84.6 fL

MCH-Blood : 28.7 pg MCHC-Blood : 33.9 g/dl

RDW-Blood : 15.2 % MPV-Blood : 5.42 fL

MONO -Blood : 12.2 % BASO-Blood : 0.956 %

Date: 28/05/2012

RBC-COUNT-Blood : 3.74 M/uL MCV-Blood : 85.1 fL

MCH-Blood : 28.8 pg MCHC-Blood : 33.9 g/dl

RDW-Blood : 13.7 % MPV-Blood : 6.03 fL

MONO -Blood : 12.2 % BASO-Blood : 0.811 %

Date: 21/05/2012

RBC-COUNT-Blood : 4.51 M/uL MCV-Blood : 84.8 fL

MCH-Blood : 29.2 pg MCHC-Blood : 34.5 g/dl

RDW-Blood : 13.8 % MPV-Blood : 6.32 fL

MONO -Blood : 8.09 % BASO-Blood : 1.97 %

**HISTOPATHOLOGY REPORTS**

Histopath-Lymph node dissection -Radical

Date of sample collection :27/03/2012

Reported Date :29/03/2012 Histology Lab No :S12-3290

Clinical Impression : Carcinoma left lateral border extends to base of tongue Gross Description : Received in

formalin are 14 specimens. The Ist specimen labelled as "Subtotal glosectomy", consists of measuring

8.5x5x5cm. An ulceroproliferative growth is seen on the left side of the tongue, situated 3cm from the lip of

tongue, 2.2cm from posterior mucosal margin, 4cm from dorsal mucosal margin, 2cm from inferior (lingual

margin).

The growth measuring 3.5x3.8x3cm. Representative sections are submitted as follows:

A1 to A3 - From lesion with mucosa

A4 - Tonsillar mucosal margin

A5 - Posterior mucosal margin

A6 - Posterior mucosal soft tissue margin

A7 - Lesion with deep inked margin

A8 - Lymph node

Specimen II labelled as "Additional deep margin", consists of 2 grey brown tissue bits measuring 2x1.2x1cm.

Entire specimen submitted in cassette B.

Specimen III labelled as "Additional posterior margin", consists of a grey brown tissue bits measuring

2x0.8x0.8cm. Entire specimen submitted in cassette C.

Specimen IV labelled as"Submandibular gland + level IB tissue", consists of salivary gland measuring

4.5x3.5x1.5cm. External surface inked.

Cut section shows salivary gland tissue and fat with foci of haemorrhage. Representative sections are submitted

in D1 to D4 cassettes.

Specimen V labelled as "level II A left", consists of multiple fibrotic tissue in aggregate measuring 4.5x2.5x2cm.

7 lymph nodes identified, largest one measuring 0.5cm. Cut section grey brown. Representative sections are

submitted in cassette E.

Specimen VI labelled as "Left level IIB", consists of a fibrofatty tissue measuring 3x2x1cm. 2 lymph nodes

identified, largest one measuring 0.5cm. Cut section grey white. Representative sections are submitted as

follows: F1 - 2 lymph nodes F2 - Fibrofatty tissue.

Specimen VII labelled as "left level III", consists of 2 fibrofatty tissue one measuring 2.5x2x2cm and other

measuring 3x1.8x1cm. 8 lymph nodes identified, largest one measuring 1cm in greatest dimension. Cut section

grey brown. Representative sections are submitted as follows: G1 - 4 lymph nodes G2 - 4 lymph nodes G3 -

Fibrofatty tissue Specimen VIII labelled as "Right level IV", consists of grey brown tissue bit measuring

4x2x1cm. 7 lymph nodes identified, largest one measuring 1.2cm in greatest dimension. Cut section grey brown.

Representative sections are submitted as follows: H1 - 3 lymph nodes H2 - 4 lymph nodes Specimen IX labelled

as "Right level IA", consists of fibrofatty tissue measuring 4x3x1cm. 5 lymph nodes identified, largest measuring

0.8cm. Representative sections are submitted as follows: J1 - 5 lymph nodes J2 - Fibrofatty tissue Specimen X

labelled as "level IB", consists of fibrofatty tissue measuring 4.5x3x2cm. 4 lymph nodes identified, largest

measuring 0.8cm.

Representative sections are submitted as follows: K1 - 4 lymph nodes K2 & K3 - From salivary gland Specimen

XI labelled as "Level IIA right", consists of multiple fibrofatty tissue in aggregate measuring 4x3x2cm. 7 lymph

nodes identified, largest one measuring 0.8cm.

Representative sections are submitted as follows: L1 - 4 lymph nodes L2 - 4 lymph nodes L3 - From fibrofatty

tissue Specimen XII labelled as "Right level IIB", consists of fibrofatty tissue measuring 2.5x2x1.5cm. 2 lymph

nodes identified, largest measuring 0.6cm.

Representative sections are submitted as follows: M1 - 2 lymph nodes M2 - From fibrofatty tissue Specimen

XIIIabelled as "Right level III & IV", consists of multiple fibrofatty tissue in aggregate measuring 6x4.5x2cm. 5

lymph nodes identified, largest measuring 0.5cm.

Representative sections are submitted as follows: N1 - 5 lymph nodes N2 - Fibrofatty tissue (Dr.Jessy/RR/Sm)

Microscopic Description :

A) Subtotal glossectomy : -Moderately differentiated squamous cell carcinoma. -Tr. size 3.5x3.8x3 cms - No

lymphovascular / perineural invasion seen. - Tumor margins are pushing and infiltrative. -

Tumor is seen to infiltrate into the skeletal muscles.

- All resection margins are free and well away. - Deep free margin is 1 cm. B) Additional deep margin : Free of

tumor. C) Additional posterior margin : Free of tumor. D) Submandibular gland + level IB tissue : 4 reactive

nodes and salivary gland tissue with features of mlild chronic sialadenitis. E) level II A left : 8 reactive nodes. F)

Left level IIB : 3 reactive nodes. G) left level III : 12 reactive nodes. H) Right level IV : 7 reactive nodes. J)

Right level IA : 4 reactive nodes. K) Right level IB : 4 reactive nodes and salivary gland tissue with features of

mlild chronic sialadenitis. L) Level IIA right : 7 reactive nodes. M) Right level IIB : 3 reactive nodes. N) Right

level III & IV : 6 reactive nodes.

Diagnosis : Subtotal glossectomy + Additional margins and Selective neck dissection: -Moderately differentiated

squamous cell carcinoma. -Tr. size 3.5x3.8x3 cms

- Depth of invasion 3cms.

-No lymphovascular / perineural invasion seen.

-All resection margins and additional margins are free and well away.

-58 reactive nodes.

pT2N0Mx.

Since the extrinsic skeletal muscles were involved, staged as T4aN0M0.

**RADIOLOGY AND NUCLEAR MEDICINE REPORTS**

ULTRASOUND ABDOMEN

Date :07/04/2012 :

Grade I hepatic steatosis

Small kidneys with raised cortical echotexture and maintained corticomedullary differentiation on both sides

Suggestive of grade I renal parenchymal disease

Treatment Given:

**SURGERY DETAILS :**

SURGERY --Near total glossectomy +Bilateral level I to IV neck dissection + FRREE ALT flap reconstruction

+Total tooth extraction under GA on 27/3/2012 PEG tube placement 9/4/2012.

**RADIATION DETAILS :**

Intent of Tx: Curative

Sequence Timing / Method: Adjuvant, 3DCRT

Indication For RT: T4

CT simulation done on:30.4.2012 and 15.5.2012

Planned RT Dose: 6000cGy in 30 fractions

RT Commencement: Date: 18.5.2012

RT completed on 27.6.2012

Elapsed days:39

Tx Regions:

CTV 60Gy= Tongue Bed + Bilateral Nodal Stations

( Retro Pharyngeal + I,II,III,V )

CTV 50 Gy= Low Anterior Neck involving

( IV and VI nodal station)

**Primary Tumour And Drainage Area :**

The initial set of fields were used to treat up to 3800cGy in 19 fractions, then later, the off cord fields were

planned with posterior electron beams, and the anterior fields were treated with off cord photons of 6MV.

The LAN fields were treated with a combinatin of 6MV and 15 MV photons until 38 Gy and was later treated

with combination of photon and electron until 50 Gy.

**TREATMENT COURSE :**

He was initially simulated on 30.4.2012 and his radiation treatment was started on 9.5.2012, but as the patient

was unable to lie down comfortably, repeat simulation was done and RT was started from 18.5.2012.

The spinal cord was hence shielded after 19 fractions.

He completed the course of radiation with moderate side effects. He had grade 3 mucosits and grade 1 skin

reactions during treatment, which was managed with antibiotics and supportive medicines.

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

1. Skin care:

Do not wash the irradiated area for the next two weeks.

Avoid washing with soap and oil for 4 weeks. Normal bathing after 4 weeks.

2.Oral care:

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

Neem leaf mouthwash every 4 hours for 2 months.

Metrogyl mouthwash every 6-8 hours 2 weeks.

3. Medications.

Continue regular medications as prescribed by the physician.

Pain medications as adviced by pain and palliative care.

4.Reviews.

Review in radiation oncology OPD on 1, 2 and 4 weeks of completion of RT