**DEPARTMENT OF PATHOLOGY**

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 09/11/2016

**Received on :** 09/11/2016

**Reported Date :** 14/11/2016

**Clinical Impression :**

Case of ? Carcinoma tongue

**Gross Description :**

Received in formalin are 13 specimens.

The Ist specimen labelled "WLE tongue anterior aspect", consists of anterior half of the tongue measuring

5x6x4cm. The specimen is serially sliced anterior to posterior into 11 slices. Dorsal surface of the tongue shows

a tiny grey white induration and pearly white nodule measuring 0.5x0.3x0.2cm at a distance of 1.2cm from

anterior tip of tongue, 1.8cm from right lateral border of tongue and 1.1cm from left lateral border of tongue .

Cut surface of the tongue shows grey white lesion and corresponding to the nodule and extending from slice 1 to

9 measuring 3.5x2x1.5cm. Lesion is seen to abut the inferior deep inked margin and is at a distance of 2.5 cm

from anterior mucosal margin, 1.6cm from right lateral mucosal margin and 2.5cm from left lateral mucosal

margin. Lesion is ill circumscribed granular and firm in consistency. Sections are submitted as follows:

A1 - Lesion with right lateral mucosal with deep inked margin

A2 - Lesion with left lateral mucosal and deep inked margin

A3 - Lesion abutting deep inked margin

A4 to A5 - Lesion abutting deep inked margin

A6 - Lesion.

B- Specimen II labelled "Level I A", consists of a nodular fibrofatty tissue measuring 4x3x1.5cm. 1 lymph node

identified. Representative sections are submitted in cassettes B1 7 B2.

C. Specimen III labelled "Level IB", consists of a nodular fibrofatty tissue measuring 5x4.5x2.5cm. Cut surface

shows salivary gland measuring 3.5x3.2x2cm. 3 lymph nodes identified, largest measuring 1cm in greatest

dimension. Salivary gland appear unremarkable. Representative sections are submitted in cassettes C1 to C3.

D. Specimen IV labelled "Level IIA right" consists of nodular fibrofatty tissue measuring 2.5x1.5x1cm. 4

lymph nodes identified, largest 1.3cm in greatest dimension. Representative sections are submitted in cassettes

D1 to D3.

E. Specimen V labelled "right level III", consists of nodular tissue bit measuring 3.2x2x1xcm. 3 lymph nodes

identified, largest measuring 0.8cm in greatest dimension. Representative sections are submitted in cassettes E1

& E2.

F. Specimen VI labelle "Right level IV", consists of nodular fibrofatty tissue measuring 3x2.5x0.8cm. ? 1 tiny

lymph node identified. Representative sections are submitted in cassettes F1 & F2.

G. Specimen VII labelled "Right level II b", consists of nodular fibrofatty tissue measuring 2x1.8x1cm. ? 1

lymph node measuring 1.5cm in greatest dimension. Entire specimen submitted in cassettes G1 to G3.

H - Specimen VIII Left level I B ", consists of nodular fibrofatty tissue measuring 5.5x3x2.5cm. Salivary gland

identified measuring 3.5x2x2cm. 4 lymph node identified. Representative sections are submitted in casssettes

H1 to H3.

J. Specimen IX labelled " Left level IIA", consists of nodular fibrofatty tissue measuring 7.5x3.5x1.5cm. 4

lymph nodes identified, largest measuring 1.3cm in greatest dimension. Entire specimen submitted in cassettes

J1 to J3.

K. Specimen X labelled "Left level II B", consists of nodular fibrofatty tissue measuring 2.5x1.8x1.3cm. ? 2

lymph nodes identified. Entire specimen submitted in cassette K1 to K3.

L. Specimen XI labelled "Left level III lymph node" consists of nodular fibrofatty tissue - multiple in aggregate

measuring 3x2x1cm. 2 lymph nodes identified, largest measuring 0.8cm in greatest dimension. Entire

specimen submitted in cassettes L1 & L2.

M. Specimen XII labelled "Left level IV", consists of nodular fibrofatty tissue measuring 3.2x1.6x0.6cm. 1

lymph node identified measuring 0.8cm in greatest dimension. Entire specimen submitted in cassettes M1 &

M2.

N. Specimen XIII labelled "Additional anterior soft tissue mucosal margin", measuring 1.5x0.6x0.4cm. Entire

specimen submitted in cassette N.

(Dr. Deepthi/mm)

**Microscopic Description :**

Sections from tongue show a hyperplastic mucosal lining with an infiltrating neoplasm arising in it. Cells are

moderately pleomorphic and are invading down in irregular thin and anastomosing cords, nests and trabeculae.

Tumour is seen infiltrating the deep muscle fibres and shows extensive perineural infiltrates. No LVE seen.

Peritumoral minimal cuffing by inflammatory cells noted.

**Impression :**

WLE anterior tongue and additional margins + bilateral neck dissection:

- Poorly differentiated squamous cell carcinoma, anterior tongue

- Tumour size :3.5x2x1.5cm.

- Tumour thickness and depth :1.5cm

- Invasive front : Non cohesive

- WPO1 - Pattern 4 (score 1+)

- LHR - Score 3

- PNI - Seen (3+)

- LVE - absent

- Risk - High

Margin clearance :

Right lateral mucosal - 1.6cm

Left lateral mucosal - 2.5cm

Anterior mucosal - 2.5 cm

Right lateral soft tissue - 0.4cm

Left lateral soft tissue - 2.5cm

Deep margin is close (0.1cm)

However additional anterior mucosal and soft tissue taken is free of tumour

Lymph nodes :

Level I A -Single node - free

Right level IB - 3 nodes - free

Level IIA - 5 nodes - free

Level II B - 3 nodes - free

Level III - 3 nodes - free

Level IV - Single node - free

Left level I B - 4 nodes - free

Level II A - 4 nodes - free

Level II B - 1 node - free

Level III - 2 nodes - free

Level IV - Single node - free

pT2N0

**RADIOLOGY REPORT**

**Created Date:** 21/09/2017

**Study Done:**

**ULTRASOUND OF NECK**

Clinical info; Case of Ca tongue status post WLE of anterior tongue + bilateral SND + RFFF.

Right lobe of thyroid measures 17x14x31mm.

Left lobe of thyroid measures 15x13x28mm.

Isthmus measures 2.8mm.

The thyroid gland appears normal in echotexture and vasculaity. Few tiny colloid nodules noted in bilateral lobes

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No significant cervical lymph nodes .

Post radiotherapy changes noted in the sub mental and bilateral submandibular region

Thickness of skin is 0.173 cms,subcutaneous fat is 0.749 cms in the submental region

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| **Date of Admission :**07/11/2016 | **Date of Procedure :**08/11/2016 |

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| **Date of Discharge :**17/11/2016 |

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

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| **DIAGNOSIS :** |
| ca tongue (final HPR awaited) |

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| **PROCEDURE DONE :** |
| WLE of anterior tongue + B/L SND + RFFF + Tracheostomy under GA on 8.11.16 |

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| **HISTORY :** |
| C/o ulcer over tip of tongue since 3 months , progressively increased in size and pain, on swallowing and speech HTN on treatment No habits |

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| **PAST HISTORY :** |
| HTN on T.Cilavas 10mg BD, T. Telmesartan 40 mg & T. Lasilactone |

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| **CLINICAL EXAMINATION :** |
| KPS- 90 O/e- 3x3 cm endophytic lesion in anterior of tongue. FOM free. Base tongue free. neck- no neck nodes |

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| MRI- 3x3 cm enhancing mass in ant tongue , no involvemnt of FOM or BOT. No significant LNpathy. |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| case of ca tongue discussed in Tumour board and planned for WLE of anterior tongue + B/L SND + RFFF + Tracheostomy under GA on 8.11.16 . the same under GA on 8.11.16. patient recovered well.patient gives h/o heamorrhoids and gastrosurgery consult saught for same. patient started on oral feeds. vitals stable fit for discharge |

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| **OPERATIVE FINDINGS :** |
| Findings: 3x 3 cm Anterior tongue involvement by ulceroproliferative lesion Procedure: WLE of anterior tongue + B/L SND + RFFF + Tracheostomy under GA on 8.11.16 Under nasally intubation patient taken for OT Position Given Painting and drapping done Incision marked and given Skin with Platysmal flap elevated Bilateral SND done level Ia, Ib, IIa, IIb, III. sent for HPR Primary lesion accessed and wide local excision done - sent for HPR Hemostasis achieved, wash given , Neck drain kept, Primary WLE defect is reconstructed by RFFF. Procedure: RFFF done for CA tongue defect. Surgeons: Dr. Deepak/ Dr. Dimpy Notes: Part painted and draped. 6x4 cm flap with small subcutaneous extension marked on left forearm. Lateral incision given and dissection continued medially in subcuticular plane to dissect a semicircular subcutaneous flap. Dissection the continued medially in suprafascial plane till medial border of brachioradialis. Distal incision given. Radial artery and venae comitantes identified and tied and cut. Medial incision given and dissection continued till lateral border of FCR. Flap raised Incision extended till cubital fossa, pedicle dissection done. Haemostasis secured, Flap detached and closure done after putting drain with SSG, harvested from left thigh. Surgical wound closure done in layers. Patient shifted to ICU for post op care. |

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| **ADVICE ON DISCHARGE :** |
| review in head and neck OPD on 25.11.16 |

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| **DIET RECOMMENDATIONS :** |
| oral soft and high fibre diet |

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| **PHYSICAL ACTIVITY :** |
| moderate |

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| **DISCHARGE MEDICATION :** |
| tab pan 20mg 1-0-0 for 5 days tab dolo 650 1-1-1 for 5 days continue T.Cilavas 10mg BD, T. Telmesartan 40 mg & T. Lasilactone Xylocaine + dilhagen oint PR LA 1-1-1 for 2 weeks fybogel 2tbs with glass of water 2 weeks. |

**Tumour Board Discussion**

**Relevant clinical details :**

C/o ulcer over tip of tongue since 3 months , progressively increased in size and pain, on swallowing and speech

HTN on treatment

No habits

KPS- 90

O/e- 3x3 cm endophytic lesion in anterior of tongue.

FOM free. Base tongue free.

neck- no neck nodes

Impression : CA TONGUE cT2N0

**Histology (include histology done / reviewed elsewhere) :**

Medical college, Allepy : WDSCC

**Other relevant investigations (including metastatic workup) :**

MRI- 3x3 cm enhancing mass in ant tongue , no involvemnt of FOM or BOT. No significant LNpathy.

**Agreed Plan of management :**

WLE+ BL SND + STF+ Tracheostomy +/- PEG + /- Adjuvant

**Histopathology Tumour Board Discussion**

**Date of tumor board discussion :** 23/11/2016

**Relevant clinical details :**

Carcinoma tongue

**Surgery / other procedures :**

WLE of anterior tongue + B/L SND + RFFF + Tracheostomy under GA on 8.11.16

**Histology (include histology done / reviewed elsewhere) :**

WLE anterior tongue and additional margins + bilateral neck dissection:

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- Tumour size :3.5x2x1.5cm.

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Level IIA - 5 nodes - free

Level II B - 3 nodes - free

Level III - 3 nodes - free

Level IV - Single node - free

Left level I B - 4 nodes - free

Level II A - 4 nodes - free

Level II B - 1 node - free

Level III - 2 nodes - free

Level IV - Single node - free

pT2N0

**Agreed Plan of management :**

hpr T2 but adverse features and uncertain margin status

tumour position also an issue

Adjuvant RT

**Operative notes**

**Date : 17/11/2016**

**ProgressNotes :**

11 OT

Diagnosis: Ca. Tongue

Findings: 3x 3 cm Anterior tongue involvement by ulceroproliferative lesion

Procedure: WLE of anterior tongue + B/L SND + RFFF + Tracheostomy under GA on 8.11.16

Under nasally intubation patient taken for OT

Position Given Painting and drapping done

Incision marked and given

Skin with Platysmal flap elevated

Bilateral SND done level Ia, Ib, IIa, IIb, III. sent for HPR

Primary lesion accessed and wide local excision done - sent for HPR

Hemostasis achieved, wash given , Neck drain kept,

Primary WLE defect is reconstructed by RFFF.

Surgical wound closure done in layers.

Patient shifted to ICU for post op care.

**Progress Notes**

**Date : 30/01/2023**

**ProgressNotes :**

Carcinoma Tongue s/p WLE of anterior tongue + B/L SND + RFFF + Tracheostomy under GA on 8.11.16

pT2N0

TB discussion -HPR- T2 but adverse features and uncertain margin status and tumour position also an issue

Adjuvant RT at Prathyasa cancer centre cherthala probably 30# (no reports) in jan to 3/2/17

c/o joint pain+weight loss past 4months

c/o urinary incontinence+, constipation

l/r- nad

Outside blood invs- WNL