**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 16/04/2016

**Received on :** 16/04/2016

**Reported Date :** 19/04/2016

**Clinical Impression :**

Ca. FOM

**Gross Description :**

Received in formalin is a specimen consists of multiple grey white tissue bits in aggregtae measuring

0.4x0.3x0.2cm. Entire specimen submitted in one cassette.

(RC/gb)

**Microscopic Description :**

Biopsy showing tissue lined by stratified squamous epithelium with subepithelial region showing an infiltrating

neoplasm arranged in large lobules and broad trabeculae. Cells show moderate dysplasia with brisk mitosis and

individual cell keratinisation. Focal keratinisation with comedo necrosis noted. Stroma show mild lymphocytic

response and a few mucus glands.

**Impression :**

Biopsy Floor of mouth : Squamous cell carcinoma ,moderately differentiated.

**Radiology Report**

**Created Date:** 16/04/2016

**Study Done:**

**CT CHEST - CONTRAST**

***Clinical information:- Squamous cell Ca of mouth, to rule out Metastasis.***

A tiny atelectatic band noted in basal lung field on left side. Rest of the bilateral lung parenchyma appears clear.

No evidence of any focal nodules / mass lesions. Posterior segment of right upper lobe shows a subcentimetric

lung cyst.

Few subcentimetric AP window, subcarinal, right upper paratracheal nodes noted. Degenerative changes of bone

noted.

Liver shows morphological features of cirrhosis. Rest of the visualized upper abdomen appears normal.

Pleural calcification noted involving the left basal lung field.

**Impression:**

• **No evidence of mass lesions / nodules in bilateral lung fields.**

• **No significant mediastinal lymphadenopathy.**

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 29/04/2016

**Received on :** 29/4/2016

**Reported Date :** 07/05/2016

**Clinical Impression :**

Case of Ca. floor of mouth

**Gross Description :**

Received in formalin are 15 specimens.

The Ist specimen labelled "WLE tongue, gingival mucosa oriented with suture double short anterior double long

right lateral", consists of the same whole measuring (A-P) 4.2cm( 1.5cm (anterior most) is mucosal tissue only),

Right lateral to left lateral 3.5cm, and 1cm(S-I); gingival mucosal surface shows an ulceroproliferative lesion

measuring 3.1cm (A-P), 2.2cm (transverse) and 1cm (S-I).Depth of invasion - 9mm.

Margin clearance:

- abutting anterior gingival margin

- 0.6cm from posterior margin

- abutting superior margin

- abutting right lateral soft tissue margin

- 0.3cm from left lateral margin and

- abutting deep margin.

Representative sections are submitted as follows:

A1 - Anterior gingival margin

A2 - Lesion with right lateral margin

A3 - Lesion with left lateral margin

A4 - Posterior margin

A5 - Lesion with inferior mucosa

A6 - Lesion with superior

A7 & A8 - Lesion.

Specimen II labelled "Additional posterior superior mucosal margin -ventral surface", consists of single tissue bit

measuring 0.5x0.3x0.2cm. Entire specimen submitted in cassette B.

Specimen III labelled "Additional left lateral mucosal margin", consists of mucosa covered tissue bit mesuring

1x0.7x0.3cm. Entire specimen submitted in cassette C.

Specimen IV labelled " Additional right lateral mucosal margin", consists of mucosa covered tissue bit

measuring 1.2x1x0.3cm. Entire specimen submitted in cassette D.

Specimen V labelled "Left lateral Ib", consists of fibrofatty tissue with salivary gland whole measuring

6x5x3cm. 2 lymph nodes identified each measuring 0.6cm. Salivary gland unremarkable. Entire specimen

submitted in cassette E1 & E2.

Specimen VI labelled "Left level 2a" consists of fibrofatty tissue measuring 3x2x1cm. 2 lymph node identified

0.7, 0.8cm each . Representative sections are submitted in cassettes F1 & F2.

Specimen VII labelled "Left level III", consists of fibrofatty tissue measuring 5x3x1cm. ? 3 lymph nodes

identified G1 & G2.

Specimen VIII labelled "Left Level IV", consists of fibrofatty tissue measuring 2x1x1cm. Entire specimen

submitted in cassettes H1 & H2.

Specimen IX labelled "Left level I a", consists of fiborfatty tissue measuring fibrofatty tissue measuring

3.5x2x1cm. 2 lymkph nodes identified. One measuring 0.3, other measuring 0.7cm. Representative sections

are submitted in cassettes J1 & J2.

Specimen X labelled "Left level II b", consists of fibrofatty tissue measuring 2x1.5x1cm. Entire specimen

submitted in cassettes K1 & K2.

Specimen XI labelled "Right level II b", consists of fibrofatty tissue measuring 3x2x1cm. Entire specimen

submitted in cassettes L1 & L2.

Specimen XII labelled "Right level IIa", consists fibrofatty tissue measuring 4x3x2cm. ? 5 lymph nodes

identified ranging from 0.5cm to 1cm. Representative sections are submitted in cassettes M1 & M2.

Specimen XIII labelled "Right level Ib", consists of fibrofatty tissue measuring 5.5x2x3cm. Cut surface shows

3 lymph nodes and salivary gland lymph node ranging from 0.4 to 0.7cm. Representative sections are submitted

in cassettes N1 & N2.

Specimen XIV labelled " Right level III", consists of fibrofatty tissue measuring 3.5x3x1cm. ? 3 lymph nodes

identified. Representative sections are submitted in cassettes P1 & P2.

Specimen XV labelled "Right level IV", consists of fibrofatty tissue measuring right level 1.5x1x0.5cm. Entire

specimen submitted in cassette Q.

**Microscopic Description :**

Sections from floor of mouth shows an ulcerative neoplasm arising in a dysplastic mucosa.Cells forming the

neoplasm are arranged in large lobules with central keratinous and necrotic debris (comedo). Cells exhibits

marked dysplasia with occasional keratinisation. No peripheral palisading noted. Brisk mitosis and apoptosis

noted. Tumour is eliciting scant inflammatory response.

- No PNI / LVE seen.

**Diagnosis :**

WLE floor of mouth lesion with bilateral neck ND:

Moderately differentiated carcinoma, floor of the mouth

Tumor dimensions:3.1x2.2x1 cms

Tumor thickness: 10 mm

Depth of invasion: 9 mm

Invasive front :cohesive

WPOI :Pattern 3(score 0)

LHR :score 3

Risk :Intermediate

Perineural invasion:absent

Vascular invasion :absent

Margin clearance:

anterior mucosal - tumor abuts and focally ulcerates the margin

posterior mucosal -6 mm

posterior soft tissue - 1 mm

left lateral mucosal -12 mm

left lateral soft tissue - 12 mm

right lateral mucosal - 12 mm

right lateral soft tissue - 5 mm

deep -1 mm

Dysplasia at margins -absent

Additional margins -

Posterior superior - free of tumor

left lateral mucosal - free of tumor

right lateral mucosal - free of tumor

Lymph nodes:

left level IA -2 nodes - free of tumor

left level IB - 1 node - free of tumor

left level IIA -2 nodes -free of tumor

left level IIB - 3 nodes - free of tumor

left level III -2 nodes - free of tumor

left level IV -fatty tissue only - free of tumor

right level IB - 3 nodes and salivary gland -free of tumor

right level IIA - 5 nodes - free of tumor

right level IIB -6 node - free of tumor

right level III -3 nodes - free of tumor

right level IV -fatty tissue only - free of tumor

pT2N0

**CYTOLOGY REPORT**

**Collection Date :** 19/09/2016 **Collection Time :** 15:30

**Received Date :** 19/09/2016 **Received Time :** 16:20

**Clinical Impression :**

Neck swelling.

**Sample Description :**

Received for cytological examination are 6 smears labelled as "FNAC left neck swelling".

Also received 3ml of chocolate brown coloured thick mucinous fluid. Prepared 2 smears directly.

**Microscopic Description :**

Examined 6+2 smears received in cytology labelled as " FNAC left neck swelling". Smears are moderately to

highly cellular showing numerous singly scattered and clumps of neutrophils and few lymphocytes and

macrophages. Background shows necrotic material. No atypical cells or malignant cells noted.

**Impression :**

FNAC left neck swelling : Suggestive of Suppurative inflammation.

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| **Date of Admission :**27/04/2016 | **Date of Procedure :**28/04/2016 |

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| **Date of Discharge :**14/05/2016 |

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

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| **DIAGNOSIS :** |
| Squamous Cell Carcinoma floor of mouth |

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| **PROCEDURE DONE :** |
| WLE + Infrahyoid flap + Bl SND (I-IV) + Tracheostomy under GA on 28/04/16 |

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| **HISTORY :** |
| 77 year old male patient came with complaints of swelling over the floor of the mouth since 3 weeks. Not increasing progressively in size. no complaints of pain or difficulty swallowing. No complaints of weight loss or loss of appetite. History of Carcinoma tongue in family-brother he had consulted Anwar hospital,aluva and was sent to early cancer detection center where scrape smear was done and diagnosed as squamous cell carcinoma floor of mouth. |

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| **CLINICAL EXAMINATION :** |
| Ulceroproliferative lesion in the floor of mouth-extending from 2nd premolar to 2nd premolar up to lingual crest of alvelous. Tongue movements normal. Neck-level Ib node palpable |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| After all preliminary investigation and evaluation patient was taken for surgery and underwent WLE + Infrahyoid flap + Bl SND (I-IV) + Tracheostomy under GA on 28/04/2016. He was ambulated and started on Ryle's tube feeding. He developed pulmonary congestion in view of which he was started on chest physiotherapy and IV antibiotics for 5 days and he was not decannulated. He was afebrile. He is now comfortable and now fit for discharge. |

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| **OPERATIVE FINDINGS :** |
| Findings: 2 x 2 cm ulceroproliferative lesion with induration in anterior floor of mouth extending to part of vental tongue and laterally to 2nd premolar teeth . Procedure: Under GA with nasotracheal intubation, Per oral wide local excision of floor of mouth lesion done , anterior margin achieved with stripping gingiva. Infrahyoid flap of 7 x 3.5 cm size raised based on left superiot thyroid pedicle, Left SND (I-IV) done. no significant nodes. Right SND (I-IV) done, No significant nodes. Flap inset done in oral cavity splitting mylohyoid muscle and flap sutured in . Tracheostomy done (size 8.0). flap donor site closed primarily. neck wound closed primarily placing drains. |

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| **DIET RECOMMENDATIONS :** |
| Ryle's tube feeds at 2.5L/day |

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| **PHYSICAL ACTIVITY :** |
| Limited |

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| **DISCHARGE MEDICATION :** |
| Tab DOLO 650 mg 1-1-1 x 3 days Tab PAN 40 mg 1-0-0 x 14 days Tab CEFIPIME 500 mg 1-0-1 x 7 days Tab UNICONTIN 400 mg 1-0-0x 14 days ASTHALIN inhaler 2 puffs 1-0-1 x 14 days |

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| **PLAN ON DISCHARGE :** |
| Follow medications Tracheostomy care |

**Tumour Board Discussion**

**Date of tumor board discussion :** 20/04/2016

**Relevant clinical details :**

77yr old male patient came with complaints of swelling over the floor of the mouth since 3 weeks.not increasing

progressively in size. no complaints of pain or difficulty swallowing.no complaints of weight loss or loss of

appetite. habits- chronic smoker-since 30years-10-12 beedis per day. stopped since 20 years chronic

alcoholic-since 40years -stopped since 2 weeks pan chewing-stopped since 20 years. no other co morbidities.

history of Ca tongue in family-brother he had consulted Anwar hospital,aluva and was sent to early cancer

detection centre where scrape smear was done and diagnosed as squamous cell carcinoma floor of mouth. o/e:

ulceroproliferative lesion in the floor of mouth-extending from 2nd premolar to 2nd premolar upto lingual crest

of alvelous. tongue movements normal neck-level Ib node palpable

**Agreed Plan of management :**

WLE+B/L SND+STF (radial forearm/infrahyoid)+adjuvant

**Tumour Board Discussion**

**Date of tumor board discussion :** 18/05/2016

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

Diagnosis :

WLE floor of mouth lesion with bilateral neck ND: Moderately differentiated carcinoma, floor of the mouth

Tumor dimensions:3.1x2.2x1 cms Tumor thickness: 10 mm Depth of invasion: 9 mm Invasive front :cohesive

WPOI :Pattern 3(score 0) LHR :score 3 Risk :Intermediate Perineural invasion:absent Vascular invasion :absent

Margin clearance: anterior mucosal - tumor abuts and focally ulcerates the margin posterior mucosal -6 mm

posterior soft tissue - 1 mm left lateral mucosal -12 mm left lateral soft tissue - 12 mm right lateral mucosal - 12

mm right lateral soft tissue - 5 mm deep -1 mm Dysplasia at margins -absent Additional margins - Posterior

superior - free of tumor left lateral mucosal - free of tumor right lateral mucosal - free of tumor Lymph nodes:

left level IA -2 nodes - free of tumor left level IB - 1 node - free of tumor left level IIA -2 nodes -free of tumor

left level IIB - 3 nodes - free of tumor left level III -2 nodes - free of tumor left level IV -fatty tissue only - free

of tumor right level IB - 3 nodes and salivary gland -free of tumor right level IIA - 5 nodes - free of tumor right

level IIB -6 node - free of tumor right level III -3 nodes - free of tumor right level IV -fatty tissue only - free of

tumor pT2N0

**Agreed Plan of management :**

deep margin 1mm may be secondary to error in orientation of specimen. to be rediscussed . patient asked to

review after 2 weeks.

**Progress Notes**

**Date : 15/04/2016**

**ProgressNotes :**

77yr old male patient came with complaints of swelling over the floor of the mouth since 3 weeks.not

increasing progressively in size.

no complaints of pain or difficulty swallowing.no complaints of weight loss or loss of appetite.

habits- chronic smoker-since 30years-10-12 beedis per day. stopped since 20 years

chronic alcoholic-since 40years -stopped since 2 weeks

pan chewing-stopped since 20 years.

no other co morbidities.

history of Ca tongue in family-brother

he had consulted Anwar hospital,aluva and was sent to early cancer detection centre where scrape smear was

done and diagnosed as squamous cell carcinoma floor of mouth.

o/e:

ulceroproliferative lesion in the floor of mouth-extending from 2nd premolar to 2nd premolar upto lingual

crest of alvelous.

tongue movements normal

neck-level Ib node palpable

plan:

biopsy under LA

MRI head and neck with contrast

CT chest

preops

PAC

WLE+B/L ND+ STF

**Progress Notes**

**Date : 08/07/2024**

**ProgressNotes :**

Ca floor of mouth pT2N0M0 s/p WLE + Infrahyoid flap + B/L SND (I-IV) + Tracheostomy under GA on

28/04/16 Close anterior and deep margins.

RT : Date: 23.6.2016 - 02.08.2016

Dose: 66Gy in 30#

?ORN HBOT first 1 year ago 3 monthly

HBOT advised from HNS Last HBOT in April 2023

On soft diet/ blends

O/E

ORN - healing well Erythroplakic nodules on the hard palate -for evaluation

pus - discharge- from point right SMG region. no surr inflamm signs

10/10/23

CT neck

Clinical information: Known case of SCC floor of mouth, status post WLE with node dissection and RT on

follow up.

Compared with prior CT dated 01/02/21.

Prior documented bony erosion in the alveolar margin of mandible on right side persists.

Suspicious thickening along the anterior aspect of flap and right cheek is not seen in present scan.

No significant cervical lymph nodes.

Larynx and pharynx appear normal.

Carotid and IJV appear normal bilaterally.

Adv-

adv- Tab Ciplox 500mg 1-0-1 x 7 days

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| **OPERATIVE FINDINGS :** |
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