**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 14/02/2014

**Received on :** 14/02/2014

**Reported Date :** 19/02/2014

**Clinical Impression :**

? Carcinoma tongue

**Gross Description :**

Received in formalin is a specimen consists of single grey brown tissue bits measuring 1.2cm in greater

dimension. Entire specimen bisected & submitted in one cassette.

(Dr Sudheer/RC/gb)

**Microscopic Description :**

Sections show a neoplasm composed of cells in sheets and nests. Individual cells are polygonal with increase

N:C, large irregular nucleus with coarse chromatin and prominent nucleoli and moderate amount of eosinophilic

cytoplasm. Keratin pearls are seen. No LVE / PNI seen.Cells are seen infiltrating the deeper muscle fibres.

**Impression :**

Incision biopsy tongue lesion:- Well differentiated squamous cell carcinoma

**CT - Report**

**CreatedDate:** 26/02/2014

**Study Done:**

**MDCT NECK- CONTRAST AND CHEST**

**Biopsy proven Ca midline dorsum tongue**

**Neck :**

Enhancing lesion noted in the tongue measuring 1.5x2.2cm predominantly in midline and on left side. The lesion

is crossing midline and extending in to right side .

I A and bilateral I B lymph nodes noted average measuring 1cm. Bilateral II station nodes also noted (left -1cm

in size) .

Thyroid/cricoid and arytenoid cartilages are normal.

The larynx and the tracheal air way are normal.

Hypopharynx and laryngopharynx are normal.

No evidence of any retropharyngeal lesion.

Parapharyngeal spaces are normal.

Bilateral neck vessels are normal.

Thyroid gland shows homogenous dense enhancement and is normal in size and outline. No focal lesion seen.

No focal neuroparenchymal enhancing lesion in brain .

Chest :

A tiny nodule in right middle lobe. Rest of lungs are normal.

Right hilar and right lower paratracheal station nodes largest 1.3cm in right hilar level .

Normal mediastinal vascular structures.

The hila are normal.

The tracheobronchial tree is normal.

No pleural pathology.

Chest wall is normal.

**Impression:**

• **Enhancing tongue lesion in midline and left crossing to right side with I A and I B nodes .**

• **Solitary nodule in right middle lobe -small to characterize .**

**RADIOLOGY REPORT**

**CreatedDate:** 25/02/2014

**Study Done:**

**ULTRASOUND OF NECK**

Thyroid gland appears normal in echotexture and vascularity.

Multiple cervical nodes noted.

Bilateral level IA - Appears normal with preserved fatty hilum.

Right level IB node measures 7x3mm and appears suspicious with loss of fatty hilum.

Suspicious left level IB node measures 10x11mm with preserved fatty hilum and rounded.

Bilateral neck vessels appear normal.

**Impression:**

• **Suspicious right level IB node as described.**

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 07/03/2014

**Received on :** 06/03/2014

**Reported Date :** 07/03/2014

**Clinical Impression :**

Carcinoma tongue

**Gross Description :**

Received fresh is a specimen labelled as "Dorsum of tongue", consists of mucosa covered soft tissue measuring

5.1x5x1.5cm, surface shows an ulcerated nodular growth towards the lateral aspect measuring 2.5x1.8cm. Lesion

is 2cm from right lateral margin , 1.1cm from left lateral margin,1.5cm from anterior margin,1.6cm from

posterior margin and 1.1cm from deep resection margin. Representative sections are submitted as follows:-

A1-Anterior margin

A2-Posterior margin

A3-A4-Lateral margin

A5-Medial margin

A6-A8-Tumour with deep resection margin

A9-Rest of the tongue(1 bit)

Frozen: gross margins conveyed

Subsequently received in formalin are 7 specimens. II specimen labelled as "Left level I B", consists of

fibrofatty tissue with salivary gland measuring 5x3x2cm. Cut surface shows 5 lymph nodes varying size from 0.5

to 1.2cm. Cut surface of salivary gland unremarkable. Representative sections are submitted as follows:-

B1-Salivary gland

B2-3 lymph nodes

B3-2 lymph nodes

Specimen 3 labelled as "Right level IV", consists of fibrofatty tissue measuring 4x3x2cm, cut surface shows 4

lymph nodes, ranging in size ranging from 0.4 to 1cm. Representative sections are submitted C1 to C2 cassettes.

Specimen 4 labelled as "Level II A & III Right", consists of fibrofatty tissue measuring 4x3x2cm, cut surface

shows 5 lymph nodes largest measuring 2.3cm in greatest dimension. Representative sections are submitted D1

& D2 cassettes.

Specimen 5 labelled as "Right level II B", consists of fibrofatty tissue measuring 2.3x2x1.2cm. Cut surface

shows 4 lymph nodes ranging in size from 0.4 to 1.2cm. Representative sections are submitted E1 & E2

cassettes.

Specimen 6 labelled as "Right level IB", consists of fibrofatty tissue measuring 5x3x2cm, cut surface shows 4

lymph nodes. Rest of salivary gland unremarkable. Representative sections are submitted F1 & F2 cassettes.

F1-Salivary gland + lymph nodes

F2-3 lymph nodes

Specimen 7 labelled as "Left level II, III, IV", consists of fibrofatty tissue measuring 4x3x2cm. Representative

sections are submitted as follows:-

G1-2 lymph nodes

G2-3 lymph nodes

G3-2 lymph nodes

Specimen 8 labelled as "Level I A(side not mentioned) consists of fibrofatty tissue measuring 3x2x1cm, 2

lymph nodes measuring 0.3cm, & 1cm. Representative sections are submitted cassette H.

**Microscopic Description :**

Section shows an infiltrating neoplasm composed of cells in lobules and nested pattern. Individual cells have

distinct cell borders, round to oval hyperchromatic nucleus with inconspicuous nucleoli and moderate amount of

eosinophilic cytoplasm. Keratin pearls and single cell keratinisation, apoptotic cell debris and acute

inflammatory cells are noted. Stroma shows dense lymphoplasmacytic infiltrate and desmoplastic stroma. The

lesion is 0.6cm from the deep inked margin and the other margins are well away. No perineural invasion or

lymphovascular emboli are noted. Multinucleate giant cell and bizarre cells are seen. Occasional scanty mitotic

figures are seen. The overlying adjacent epithelium shows features of dysplasia.

**Impression :**

Wide local excision Dorsum of tongue with LN dissection:-

Moderately differentiated squamous cell carcinoma

No LVI/ no PNI seen

Size of lesion - 2.5x1.8x0.7cm(depth)

32 lymph nodes showing reactive hyperplasia only

The lesion is 0.6cm from deep inked margin and all other margins

are well away.

pT2N0Mx

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| **Date of Admission :**05/03/2014 | **Date of Procedure :**06/03/2014 |

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| **Date of Discharge :**14/03/2014 |

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

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| **DIAGNOSIS :** |
| Carcinoma midline dorsum of Tongue |

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| **PROCEDURE DONE :** |
| Wide Local Excision + Bilateral Level I-IV neck dissection + Free Radial forearm flap reconstrcution + Tracheostomy on 6-03-2014 under GA |

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| **HISTORY :** |
| 65 year old Mr. Radhakrishnan Nair presented to Head and Neck OPD with complaints of growth over tongue since two years back. Biopsy in 2012 showed squamous intraepithelial lesion with verrucuous hyperplasia. fungal hyphae. no evidence of malignancy. Total excision done in 2012(No details available). Since one month he had growth at same site. Biopsy showed focal papillary hyperplasia with koilocytotic cells. no evidence of malignancy. Came here for further management. |

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| **PAST HISTORY :** |
| h/o HTN X 11yrs on Amlong 5mg h/o DLP on Aten h/o CVA in 2003 involving right MCA on Aztor (Atorva+Aspirin 75) h/o COPD on Formonide inhaler sos, last episode in 2011 |

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| **CLINICAL EXAMINATION :** |
| O/E: tongue: 2x1 cm proliferative lesion anterior third midline dorsum. no induration. whitish striae+ Neck: no nodes felt |

**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** |
| 06/03/2014 | 10.5 | 31.4 | 203 | 8.6 | 90.4 | 4.4 | 0.2 | - |
| 07/03/2014 | 11.0 | 32.9 | 227 | 10.6 | 91.7 | 4.9 | 0.0 | - |
| 08/03/2014 | 10.1 | 29.9 | 211.0 | 18.2 | 91.3 | 4.26 | 0.025 | - |
| 09/03/2014 | 9.5 | 28.0 | 212 | 14.7 | 85.7 | 7.9 | 0.0 | - |
| 10/03/2014 | 9.52 | 28.5 | 202.0 | 7.9 | 74.7 | 15.5 | 0.917 | - |
| 11/03/2014 | 9.3 | 27.6 | 223 | 6.3 | 68.3 | 16.7 | 3.1 | - |

**Renal Function Test and Serum Electrolytes:**

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| **Date:** | **Urea: mg/dl** | **Creatinine: mg/dl** | **Na+: mEq/L** | **K+: mEq/L** |
| 06/03/2014 | - | - | 139.7 | 3.7 |
| 07/03/2014 | - | - | 140.1 | 3.9 |
| 09/03/2014 | - | - | 141.9 | 3.7 |
| 11/03/2014 | - | - | 136.4 | 3.7 |

Date: 11/03/2014

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| CRP (C-reactive protein) : 135.9 mg/L | RBC-COUNT-Blood : 3.29 M/uL |

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| MCV-Blood : 83.8 fL | MCH-Blood : 28.2 pg |

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| MCHC-Blood : 33.7 g/dl | RDW-Blood : 13.0 % |

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| MPV-Blood : 7.2 fL | MONO -Blood : 11.9 % |

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| BASO-Blood : 0.0 % |  |

Date: 10/03/2014

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| Glucose [Urine] : Neg mg/dl | Bilirubin [Urine] : Neg umol/L |

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| Ketone [Urine] : Neg mmol/L | Specific Gravity-urine : <=1.005 NONE |

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| Blood [Urine] : 1+ EU | Urine pH : 6.5 NONE |

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| Urine Protein : Neg | Urobillinogen-urine : Normal umol/L |

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| Leucocytes-urine : Neg | Nitrite-urine : Neg |

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| Microscopy (Urine) : 3-4 RBCs,1-2 PUS CELLS/HPF | Color-urine : STRAW |

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| Clarity-urine : CLEAR | RBC-COUNT-Blood : 3.49 M/uL |

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| MCV-Blood : 81.6 fL | MCH-Blood : 27.2 pg |

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| MCHC-Blood : 33.4 g/dl | RDW-Blood : 15.3 % |

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| MPV-Blood : 6.79 fL | MONO -Blood : 8.53 % |

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| BASO-Blood : 0.38 % |  |

Date: 09/03/2014

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| PT[Prothrombin Time with INR]-Plasma : 14.3/14.60/0.97 sec | CRP (C-reactive protein) : 100.4 mg/L |

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| RBC-COUNT-Blood : 3.37 M/uL | MCV-Blood : 83.3 fL |

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| MCH-Blood : 28.2 pg | MCHC-Blood : 33.8 g/dl |

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| RDW-Blood : 13.5 % | MPV-Blood : 7.5 fL |

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| MONO -Blood : 6.3 % | BASO-Blood : 0.1 % |

Date: 08/03/2014

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| RBC-COUNT-Blood : 3.66 M/uL | MCV-Blood : 81.9 fL |

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| MCH-Blood : 27.6 pg | MCHC-Blood : 33.7 g/dl |

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| RDW-Blood : 15.1 % | MPV-Blood : 6.5 fL |

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| MONO -Blood : 4.23 % | BASO-Blood : 0.175 % |

Date: 07/03/2014

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| Compatibility test; cross match complete (3 tests) : Compatible | RBC-COUNT-Blood : 3.94 M/uL |

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| MCV-Blood : 83.5 fL | MCH-Blood : 27.9 pg |

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| MCHC-Blood : 33.4 g/dl | RDW-Blood : 13.7 % |

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| MPV-Blood : 7.4 fL | MONO -Blood : 3.3 % |

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| BASO-Blood : 0.1 % |  |

Date: 06/03/2014

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| RBC-COUNT-Blood : 3.76 M/uL | MCV-Blood : 83.5 fL |

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| MCH-Blood : 28.0 pg | MCHC-Blood : 33.5 g/dl |

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| RDW-Blood : 13.6 % | MPV-Blood : 6.8 fL |

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| MONO -Blood : 4.6 % | BASO-Blood : 0.4 % |

Date: 05/03/2014

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

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| Surgical Pathology Report Received on :14/02/2014 Reported Date :19/02/2014 Histology Lab No :S14-1944 Clinical Impression : ? Carcinoma tongue Gross Description : Received in formalin is a specimen consists of single grey brown tissue bits measuring 1.2cm in greater dimension. Entire specimen bisected & submitted in one cassette. (Dr Sudheer/RC/gb) Microscopic Description : Sections show a neoplasm composed of cells in sheets and nests. Individual cells are polygonal with increase N:C, large irregular nucleus with coarse chromatin and prominent nucleoli and moderate amount of eosinophilic cytoplasm. Keratin pearls are seen. No LVE / PNI seen.Cells are seen infiltrating the deeper muscle fibres. Impression : Incision biopsy tongue lesion:- Well differentiated squamous cell carcinoma CreatedDate:26/02/2014 Study Done: MDCT NECK- CONTRAST AND CHEST Biopsy proven Ca midline dorsum tongue Neck : Enhancing lesion noted in the tongue measuring 1.5x2.2cm predominantly in midline and on left side. The lesion is crossing midline and extending in to right side . I A and bilateral I B lymph nodes noted average measuring 1cm. Bilateral II station nodes also noted (left -1cm in size) . Thyroid/cricoid and arytenoid cartilages are normal. The larynx and the tracheal air way are normal. Hypopharynx and laryngopharynx are normal. No evidence of any retropharyngeal lesion. Parapharyngeal spaces are normal. Bilateral neck vessels are normal. Thyroid gland shows homogenous dense enhancement and is normal in size and outline. No focal lesion seen. No focal neuroparenchymal enhancing lesion in brain . Chest : A tiny nodule in right middle lobe. Rest of lungs are normal. Right hilar and right lower paratracheal station nodes largest 1.3cm in right hilar level . Normal mediastinal vascular structures. The hila are normal. The tracheobronchial tree is normal. No pleural pathology. Chest wall is normal. Impression: Enhancing tongue lesion in midline and left crossing to right side with I A and I B nodes . Solitary nodule in right middle lobe -small to characterize . 　 CreatedDate:25/02/2014 Study Done: ULTRASOUND OF NECK Thyroid gland appears normal in echotexture and vascularity. Multiple cervical nodes noted. Bilateral level IA - Appears normal with preserved fatty hilum. Right level IB node measures 7x3mm and appears suspicious with loss of fatty hilum. Suspicious left level IB node measures 10x11mm with preserved fatty hilum and rounded. Bilateral neck vessels appear normal. Impression: Suspicious right level IB node as described. |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| The patient was evaluated. Biopsy done on 14-02-2014 showed Well differentiated squamous cell carcinoma. MDCT Neck with contrast was done on 26-02-2014 which showed Enhancing tongue lesion in midline and left crossing to right side with I A and I B nodes .Solitary nodule in right middle lobe -small to characterize . USG neck on 25-02-2014 reported as Suspicious right level IB node. His case was discussed in Head and Neck tumour board and planned for surgery. He underwent Wide Local Excision + Bilateral Level I-IV neck dissection + Free Radial forearm flap reconstrcution + Tracheostomy on 6-03-2014 under GA. Postoperative period was uneventful. Tracheostomy tube was decannualted on the fourth postoperative day. On the sixth postoperative day he was started on oral fluids and Ryles tube removed at the time of discharge. General Medicine consultation sought for high blood pressure and managed as per thier advise. Condition at discharge: Stable, afebrile, taking orally, few hand sutures insitu. |

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| **OPERATIVE FINDINGS :** |
| WLE+ B/L LEVEL I-IV ND + RFFF+ TRACHEOSTOMY Findings: 2x2.5 cm proliferative lesion, midline dorsum tongue, anterior third, 1.5 cm from the tip. no induration. surrounding whitish patches+. subcentrimetric, b/l IB and right IIA LN +, largest 1x1 cm, firm., procedure: WLE done. hemostasis achieved. b/l level I-IV ND done preserving the facial vessels . drains put. |

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| **PROGNOSIS ON DISCHARGE :** |
| GOOD |

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| **ADVICE ON DISCHARGE :** |
| Review on 21-03-2014 |

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| **DIET RECOMMENDATIONS :** |
| SOFT DIET |

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| **PHYSICAL ACTIVITY :** |
| NORMAL |

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| **DISCHARGE MEDICATION :** |
| Tab. Pan 20 mg 1-0-1 x 3 days Tab. Dolo 650 mg SOS for pain Tab. Nicardia R 20 mg 1-0-1 to be continued Tab. Aztor HS to be continued Hexidine mouth gargles fourth hourly  **TUMOUR BOARD DISCUSSION**  **DOA :** 19/02/2014 **DOS :** 19/02/2014 **DOD :** 19/02/2014  **Date of tumor board discussion :** 19/02/2014  **Attendees :**  laser excision + laser vapourisation.  **TUMOUR BOARD DISCUSSION**  **DOA :** 26/02/2014 **DOS :** 26/02/2014 **DOD :** 26/02/2014  **Date of tumor board discussion :** 26/02/2014  **Attendees :**  WLE+B/L ND+STF  MRD  **Progress Notes**  **Date : 13/02/2014**  **ProgressNotes :**  h/o growth over tongue- 2 yrs back.  biopsy 2012- sq. epi with verrucuous hyperplaqsia. fungal hyphae. no evidence of malignancy.  total excision done in 2012. no hpe report  now, since 1 mth, growth at same site.  biopsy: focal papillary hyperplasia with koilocytotic cells. no evidence of maLIGNANCY.  comorbidity: htn, cva, copd  habits: tobacco chewer. quit 10 yrs back.  o/e: tongue: 2x1 cm proliferative lesion anterior third midline dorsum. no induration. whitish striae+  neck: no nodes felt  advv:  slide r/v  rpt biopsy  usg tongue and neck.  pac  pac ivn  **Progress Notes**  **Date : 08/05/2024**  **ProgressNotes :**  k/c/o Carcinoma midline dorsum of Tongue  s/p Wide Local Excision + Bilateral Level I-IV neck dissection + Free Radial forearm flap reconstrcution +  Tracheostomy on 6-03-2014 under GA  pT2N0Mx  o/e- L/E- NAD  adv- R/V after 1 month.   |  | | --- | | **OPERATIVE FINDINGS :** | | WLE+ B/L LEVEL I-IV ND + RFFF+ TRACHEOSTOMY Findings: 2x2.5 cm proliferative lesion, midline dorsum tongue, anterior third, 1.5 cm from the tip. no induration. surrounding whitish patches+. subcentrimetric, b/l IB and right IIA LN +, largest 1x1 cm, firm., procedure: WLE done. hemostasis achieved. b/l level I-IV ND done preserving the facial vessels . drains put. | |