**RADIOLOGY REPORT**

**Created Date:** 27/11/2014

**Study Done:**

**ULTRASOUND OF NECK**

Right lobe of thyroid measures 12 x 8 mm.

Left lobe of thyroid measures 12 x 9 mm.

Isthmus measures 1.8 mm.

Thyroid appears normal in echotexture & vascularity.

A 2.5 x 1.5 cm lesion noted adjacent to submandibular gland (Ib) with minimal vascularity with 2 nodes adjacent

to this lesion, largest of about 6 x 3 mm.

Bilateral level III and right level II benign appearing nodes noted.

**Impression:**

• **Lesion in right level Ib as described - probably nodal mass.**

• **Suspicious nodes adjacent to the nodal mass.**

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 29/11/2014

**Received on :** 29/11/2014

**Reported Date :** 29/11/2014

**Clinical Impression :**

exophytic growth right lateral border of tongue.

**Gross Description :**

Received in formalin is a specimen labelled as "Biopsy", consists of multiple grey brown tissue bits in aggregate

measuring 0.6x0.4x0.2cm. Entire specimen submitted in one cassette.

(Dr Shabnam/RG/gb)

**Microscopic Description :**

Sections show mucosa with ulceration and infiltrating tumor composed of nests, cords and singly scattered

malignant squmous cells. The cells have moderate nuclear pleomorphism and moderate amount of eosinophilic

cytoplasm. Brisk mitoses, keratin pearls, stromal desmoplasia and secondary chronic inflammation.

**Diagnosis :**

Moderately differentiated Squamous cell carcinoma, biopsy, right lateral border of tongue.

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 05/12/2014

**Received on :** 05/12/2014

**Reported Date :** 12/12/2014

**Clinical Impression :**

Ca. Tongue

**Gross Description :**

Received in formalin are 13 specimens. The I specimen labeled as "Right hemiglossectomy", consists of same

tagged with suture measures 8x5x3.5cms, dorsal aspect shows proliferative lesion meausres 4.3x3.5x1.3cms

which situated at distance of 1.5cms from anterior mucosal margin, 0.8cm from posterior mucosal margin, 0.7cm

from supero medial margin, 0.8cms from lateral margin. It situated at distance of 2cm inferior soft tissue margin,

0.5cms medial soft tissue margin, grossly seen to involve the entire tongue muscle. Representative sections are

submitted as follows:-

A1 - Supromedial radial mucosal margin

A2 - Infero lateral radial mucosal margin

A3 - Anterior shaved margin

A4 - Posterior radial margin

A5 - Inferior shaved margin

A6 - Radial deep margin

A7 - A8 - From lesion.

Specimen II labelled as "Right level Ib", consists of multiple nodular tissue bit measures 4x3.5x1cms. Cut

section shows salivary gland tissue. No lymph nodes identified. Entire specimen submitted in B1- B4 cassettes.

Specimen III labelled as "Level Ia", consists of nodular firbofatty tissue measures 3x2x0.5cms. Cut section

shows 2 lymph nodes identified largest measures 0.7cms. Entire specimen submitted in C1 - C2 cassettes.

Specimen IV labelled as "Right level IIa", consists of 2 nodular tissue bits one measures 3x2x0.7cm. Other

measures 3.5x2x0.8cms. Larger nodule serial section shows one node measuring 2.7cms. Entire specimen

submitted in D1 - D3 cassettes.

Specimen V labelled as "Right level IIB", consists of multiple nodular tissue bit measures 3.5x2x1cm. 4 lymph

nodes identified largest measures 0.7cms. Entire specimen submitted as follows:-

E1 - Largest lymph node

E2 - 2 lymph nodes

E3 - 1 lymph node

Specimen VI labelled as "Right level III", consists of single nodular tissue bit measures 3.5x2x0.5cms. 4 lymph

nodes identified largest measures 1.2cms. Representative sections are submitted in F1 - F2 cassettes.

Specimen VII labelled as "right level IV", consists of multiple nodular tissue bits in aggregate measures

2.5x2x0.2cms. ? 1 lymph node identified measures 0.7cms. Entire specimen submitted in G1 - G3 cassettes.

Specimen VIII labelled as "Left level IB", consists of multiple nodular tissue bits in aggregate measures

4x3.7x1.2cms. Cut section shows salivary gland tissue measures 3.2cms in greatest dimension. 1 lymph node

identified measures 1.1cm. Representative sections are submitted in H1 - H2 cassettes.

Specimen IX labelled as "Level II and III", consists of single nodular tissue bit measures 3.5x2.5x2cm. Cut

section shows 4 lymph node identified largest measures 1.6cms. Representative sections are submitted in J1 - J4

cassettes.

Specimen X labelled as "Left level IIB", consists of single nodular tissue bit measures 3x1.5x1cms. Cut section

shows fibrofatty tissue + multiple lymph nodes, largest measuring 1.1cms. 3 lymph nodes identified.

Representative sections are submitted in K1 - K2 cassettes.

Specimen XI labelled as "Level IV", consists of single nodular fibrofatty tissue measures 2.2x2x0.5cm. 2 lymph

nodes identified largest measures 1.2cm. Representative sections are submitted L1-L2 cassettes.

Specimen XII labelled as "Right prefacial node", consists of multiple nodular tissue bit meausres 2.5x1x0.5cm. 4

lymph nodes identified largest measures 1.1cms. Entire specimen submitted in M1 - M2 cassettes.

Specimen XIII labelled as "Left prefacial node", consists of multiple nodular tissue bit measures 1.5x1x0.5cm. 5

lymph nodes identified largest measures 0.8cm. Entire specimen submitted in N1- N2 cassettes.

**Microscopic Description :**

A: "Right Hemiglossectomy":

Sections show mucosa with infiltrating Moderately differentiated Squamous cell carcinoma. Lymphovascular

emboli - present. Perineural invasion - Absent. Tumor depth - 1.5cm. The tumor infiltrates underlying skeletal

muscle. The tumor is 1cm from superomedial, 0.5cm from inferolateral, 1.5cm from anterior, 0.5cm from

posterior margins.

B: "Right level IB": Salivary gland and no lymph node, free of tumor.

C: "Right level IA": Two lymph nodes, free of tumor.

D: "Right level IIA": 2/6 lymph nodes with metastatic carcinoma.

Size of the largest lymph node with metastasis - 1.7cm

Perinodal tumor deposit - present.

E: "Right level IIB": Three lymph nodes, free of tumor.

F: "Right level III": Five lymph nodes, free of tumor.

G: "Right level IV": Eight lymph nodes, free of tumor.

H: "Left level IB": Three lymph nodes and salivary gland, free of tumor.

J: "Left level IIa-III": Four lymph nodes with reactive hyperplasia, free of tumor.

K: "Left level IIB": Three lymph nodes with reactive hyperplasia, free of tumor.

L: "Left level IV": Six lymph nodes, free of tumor.

M: "Right prefacial node": Four lymph nodes, free of tumor.

N: "Left prefacial node": Three lymph nodes, free of tumor.

**Diagnosis :**

Type of specimen: "Right Hemiglossectomy":

Histological type: Squamous cell carcinoma

Differentiation : Moderate

Tumor size: 4.3x3.5x1.5cm

Invasive front : Dis-Cohesive

Maximum depth of invasion : 1.5cm

Vascular invasion- Present

Nerve invasion - Absent

Margins - free of tumor.

The tumor is 1cm from superomedial, 0.5cm from inferolateral, 1.5cm from anterior, 0.5cm from posterior

margins.

Lymph nodes:

"Right level IB": Salivary gland and no lymph node, free of tumor.

"Right level IA": Two lymph nodes, free of tumor.

"Right level IIA": 2/6 lymph nodes with metastatic carcinoma.

Size of the largest lymph node with metastasis - 1.7cm

Perinodal tumor deposit - present.

"Right level IIB": Three lymph nodes, free of tumor.

"Right level III": Five lymph nodes, free of tumor.

"Right level IV": Eight lymph nodes, free of tumor.

"Left level IB": Three lymph nodes and salivary gland, free of tumor.

"Left level IIa-III": Four lymph nodes with reactive hyperplasia, free of tumor.

"Left level IIB": Three lymph nodes with reactive hyperplasia, free of tumor.

"Left level IV": Six lymph nodes, free of tumor.

"Right prefacial node": Four lymph nodes, free of tumor.

"Left prefacial node": Three lymph nodes, free of tumor.

pTNM stage: pT3N2b

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| **Date of Admission :**30/11/2014 | **Date of Procedure :**01/12/2014 |

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| **Date of Discharge :**15/12/2014 |

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

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| **DIAGNOSIS :** |
| Moderately differentiated Squamous cell carcinoma right lateral border of tongue with ?? nodal metastasis (final HPE pending ) |

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| **PROCEDURE DONE :** |
| Full Dental Clearence + Wide Local Excision of Tongue tumour ( Via Midline Lip Split, Cheek flap approach) + Bilateral Level I - IV Neck Dissection + (Left) ALT Flap + Tracheostomy under GA on 01.12.2014 |

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| **HISTORY :** |
| 43 yr old female from Andaman came with presenting complaints of right sided ulcer of the tongue , non healing since 6 months and gradually progressive , painful. Came here for further management. |

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| **CLINICAL EXAMINATION :** |
| O/E Right lateral border of tongue - ulceroproliferative lesion of size 6 x 6 cm extending posteriorly into the posterior 3rd of tongue , almost reaching the midline , but not involving the base of tongue , induration present sulcus appears to be free, FOM not involved tongue movement restricted for protrusion. neck - rt level 1 and 2 lymhadenopathy present,hard in consistency, nontender, skin free, largest in level 2 measuring 2x2 cm ;;; lt level ib LN present , firm , non tender ,mobile |

**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** |
| 05/12/2014 | 10.4 | 32.5 | 102 | 10.2 | 85.4 | 11.2 | 0.6 | - |
| 06/12/2014 | 9.18 | 29.7 | 107.0 | 12.1 | 80.7 | 12.0 | 0.301 | - |
| 07/12/2014 | 7.7 | 23.7 | 89 | 9.1 | 74.0 | 14.3 | 4.1 | - |
| 08/12/2014 | 9.33 | 29.3 | 64.7 | 7.0 | 71.5 | 14.3 | 4.05 | - |
| 09/12/2014 | 8.9 | 27.1 | 63 | 11.2 | 94.2 | 2.4 | 0.2 | - |
| 11/12/2014 | 8.12 | 26.1 | 68.8 | 13.2 | 69.5 | 10.1 | 10.6 | - |
| 12/12/2014 | 9.0 | 27.6 | 95 | 12.0 | 73.6 | 9.0 | 10.0 | - |

**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** |
| 07/12/2014 | 0.53 | 0.15 | 27.6 | 9.2 | 82.7 | 4.70 | 2.27 | 2.4 |

**Renal Function Test and Serum Electrolytes:**

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| **Date:** | **Urea: mg/dl** | **Creatinine: mg/dl** | **Na+: mEq/L** | **K+: mEq/L** |
| 05/12/2014 | - | - | 135.0 | 4.2 |
| 07/12/2014 | 31.5 | 0.73 | 132.0 | 3.0 |

Date: 12/12/2014

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| CRP (C-reactive protein) : 157.5 mg/L | RBC-COUNT-Blood : 3.22 M/uL |

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| MCV-Blood : 85.7 fL | MCH-Blood : 27.9 pg |

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| MCHC-Blood : 32.6 g/dl | RDW-Blood : 19.1 % |

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| MPV-Blood : 8.2 fL | MONO -Blood : 7.3 % |

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| BASO-Blood : 0.1 % |  |

Date: 11/12/2014

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| RBC-COUNT-Blood : 3.03 M/uL | MCV-Blood : 86.0 fL |

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| MCH-Blood : 26.8 pg | MCHC-Blood : 31.1 g/dl |

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| RDW-Blood : 19.4 % | MPV-Blood : 7.75 fL |

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| MONO -Blood : 9.53 % | BASO-Blood : 0.21 % |

Date: 09/12/2014

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| RBC-COUNT-Blood : 3.15 M/uL | MCV-Blood : 86.0 fL |

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| MCH-Blood : 28.3 pg | MCHC-Blood : 32.9 g/dl |

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| RDW-Blood : 18.9 % | MPV-Blood : 8.2 fL |

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| MONO -Blood : 3.2 % | BASO-Blood : 0.0 % |

Date: 08/12/2014

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| RBC-COUNT-Blood : 3.4 M/uL | MCV-Blood : 86.1 fL |

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| MCH-Blood : 27.4 pg | MCHC-Blood : 31.8 g/dl |

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| RDW-Blood : 17.5 % | MPV-Blood : . fL |

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| MONO -Blood : 9.51 % | BASO-Blood : 0.614 % |

Date: 07/12/2014

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| PT[Prothrombin Time with INR]-Plasma : 20.8/14.60/1.57 sec | RBC-COUNT-Blood : 2.86 M/uL |

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| MCV-Blood : 82.7 fL | MCH-Blood : 26.9 pg |

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| MCHC-Blood : 32.6 g/dl | RDW-Blood : 18.8 % |

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| MPV-Blood : 8.5 fL | MONO -Blood : 7.3 % |

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| BASO-Blood : 0.3 % |  |

Date: 06/12/2014

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| RBC-COUNT-Blood : 3.56 M/uL | MCV-Blood : 83.6 fL |

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| MCH-Blood : 25.8 pg | MCHC-Blood : 30.9 g/dl |

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| RDW-Blood : 17.5 % | MPV-Blood : 8.66 fL |

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| MONO -Blood : 6.41 % | BASO-Blood : 0.55 % |

Date: 05/12/2014

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| RBC-COUNT-Blood : 3.94 M/uL | MCV-Blood : 82.4 fL |

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| MCH-Blood : 26.3 pg | MCHC-Blood : 31.9 g/dl |

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| RDW-Blood : 18.0 % | MPV-Blood : 8.3 fL |

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| MONO -Blood : 2.7 % | BASO-Blood : 0.1 % |

Date: 04/12/2014

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| Glucose [F]-Plasma : 56.3 mg/dl |  |

Date: 03/12/2014

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

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| Created Date:27/11/2014 Study Done: ULTRASOUND OF NECK Right lobe of thyroid measures 12 x 8 mm. Left lobe of thyroid measures 12 x 9 mm. Isthmus measures 1.8 mm. Thyroid appears normal in echotexture & vascularity. A 2.5 x 1.5 cm lesion noted adjacent to submandibular gland (Ib) with minimal vascularity with 2 nodes adjacent to this lesion, largest of about 6 x 3 mm. Bilateral level III and right level II benign appearing nodes noted. Impression: Lesion in right level Ib as described - probably nodal mass. Suspicious nodes adjacent to the nodal mass. Created Date:27/11/2014 Study Done: ULTRASOUND OF TONGUE Compromised study as there is severe restriction in mouth opening and tongue protrusion. Irregular hypoechoic lesion approximately about (AP) 3 x 1.4 cm depth involving the right lateral aspect of tongue. Lingual artery is at a depth of 3.5 mm from the lesion about 2.5 mm thickness of intrinsic muscle of the tongue is spared deep to the lesion. Surgical Pathology Report Date of sample collection :29/11/2014 Received on :29/11/2014 Reported Date :29/11/2014 Histology Lab No :S14-14317 Clinical Impression : exophytic growth right lateral border of tongue. Gross Description : Received in formalin is a specimen labelled as "Biopsy", consists of multiple grey brown tissue bits in aggregate measuring 0.6x0.4x0.2cm. Entire specimen submitted in one cassette. (Dr Shabnam/RG/gb) Microscopic Description : Sections show mucosa with ulceration and infiltrating tumor composed of nests, cords and singly scattered malignant squmous cells. The cells have moderate nuclear pleomorphism and moderate amount of eosinophilic cytoplasm. Brisk mitoses, keratin pearls, stromal desmoplasia and secondary chronic inflammation. Diagnosis : Moderately differentiated Squamous cell carcinoma, biopsy, right lateral border of tongue. |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| Patient was evaluated. USG Neck done on 27-11-2014 showed A 2.5 x 1.5 cm lesion noted adjacent to submandibular gland (Ib) with minimal vascularity with 2 nodes adjacent to this lesion, largest of about 6 x 3 mm. Lesion in right level Ib as described probably nodal mass.Suspicious nodes adjacent to the nodal mass. USG tongue done on 27/11/2014 revealed as Compromised study as there is severe restriction in mouth opening and tongue protrusion. Irregular hypoechoic lesion approximately about (AP) 3 x 1.4 cm depth involving the right lateral aspect of tongue. Lingual artery is at a depth of 3.5 mm from the lesion about 2.5 mm thickness of intrinsic muscle of the tongue is spared deep to the lesion. Biopsy done (29/11/2014) reported as Moderately differentiated Squamous cell carcinoma, biopsy, right lateral border of tongue. Her case was discussed in Head and Neck tumour board and planned for surgery. Patient admitted. After all preliminary investigations and evaluation she was taken up for surgery. She underwentFull Dental Clearence + Wide Local Excision of Tongue tumour ( Via Midline Lip Split, Cheek flap approach) + Bilateral Level I - IV Neck Dissection + (Left) ALT Flap + Tracheostomy under GA on 01.12.2014. Post operatively she had 2 spikes of fever and developed lt sided basal pneumonia and pulmonology consultation done and antibiotics started as per their advice and BAL culture reported . Condition at discharge:vitals stable,Afebrile. |

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| **OPERATIVE FINDINGS :** |
| Surgery: Full Dental Clearence + Wide Local Excision of Tongue tumour ( Via Midline Lip Split, Cheek flap approach) + Bilateral Level I - IV Neck Dissection + (Left) ALT Flap + Tracheostomy under GA on 01.12.2014 Procedure: Patient under ET intubation, Midline Lip Split give and cheek flap elevated, Wide excision of tumour performed with margin of normal tissue extending to posterior base of tongue and upto right GB sulcus. Bilateral Level IV Neck dissection performed -Horizontal neck crease incision extended, subplatymsal flaps elevated. Clearance of level 1A done. Right Marginal mandibular nerve identified and dissected. Submandibular triangle clearance done after identifying facial vessels. Facial vessels dissected out from submandibular gland and preserved. Medial end of SCM identified and muscle separated exposing internal jugular vein. In level II spinal accessory nerve identified and separated. Level II B cleared. Next level IIA, III and IV cleared of lymph nodes and fibro fatty tissue. Hemostasis secured after Valsalva maneuver. Neck closed in layers after placing drains Left ALT flap harvested and wound close with drain Microanastomosis of ALT flap perdicle - To right Facial artery & Tributary of right IJV in lower neck Tracheostomy performed. Post op period uneventful. |

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| **DIET RECOMMENDATIONS :** |
| RT feed to be continued oral feeding as tolerated oral care |

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| **DISCHARGE MEDICATION :** |
| Tab. Clavpod 325 mg 1-0-1 x 2 weeks Tab. Mucolite 30 mg 1-1-1 x 1week Tab. Wysilac 1-1-1 x 1 week Syp. Sucralfate 15 ml 1-1-1 x 1week syp. Ascoril 1tsp sos for cough Tab. Pan 20 mg 1-0-1 x 1 week Tab. Dolo 650 mg 1-1-1 X 1 week |

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| **PLAN ON DISCHARGE :** |
| her adjuvant has to be decided on basis of HPE report due to financial constraints she is being discharged on oral medications to stay in guest house and come on friday for RT removal  **Tumour Board Discussion**  **Date of tumor board discussion :** 03/12/2014  **Attendees :**  prepyloric biopsy report pending  surgery to be decided after that and GI clearance  surgery - WLE + B/L SND (1 to 4) + reconstruction  **Tumour Board Discussion**  **Date of tumor board discussion :** 24/12/2014  **Attendees :**  pT3N2b  perinodal spread  ADV:  CTRT  **Progress Notes**  **Date : 29/11/2014**  **ProgressNotes :**  plan: admission on sunday. GI medicine consult  gastoscopy on monday for esophageal varices   |  | | --- | | **OPERATIVE FINDINGS :** | | Surgery: Full Dental Clearence + Wide Local Excision of Tongue tumour ( Via Midline Lip Split, Cheek flap approach) + Bilateral Level I - IV Neck Dissection + (Left) ALT Flap + Tracheostomy under GA on 01.12.2014 Procedure: Patient under ET intubation, Midline Lip Split give and cheek flap elevated, Wide excision of tumour performed with margin of normal tissue extending to posterior base of tongue and upto right GB sulcus. Bilateral Level IV Neck dissection performed -Horizontal neck crease incision extended, subplatymsal flaps elevated. Clearance of level 1A done. Right Marginal mandibular nerve identified and dissected. Submandibular triangle clearance done after identifying facial vessels. Facial vessels dissected out from submandibular gland and preserved. Medial end of SCM identified and muscle separated exposing internal jugular vein. In level II spinal accessory nerve identified and separated. Level II B cleared. Next level IIA, III and IV cleared of lymph nodes and fibro fatty tissue. Hemostasis secured after Valsalva maneuver. Neck closed in layers after placing drains Left ALT flap harvested and wound close with drain Microanastomosis of ALT flap perdicle - To right Facial artery & Tributary of right IJV in lower neck Tracheostomy performed. Post op period uneventful. | |