**WHOLE BODY PET CT IMAGING REPORT**

**PROCEDURE :**

6.1 mCi of 18F Flouro Deoxy Glucose (FDG) was injected IV in euglycemic status. One hour later Whole body

PET CT Imaging (Head to mid thigh) was performed on a GE Discovery PET 8 slice CT scanner.

Oral & IV contrast given for CT study.

Standardized Uptake Value (SUV) calculated for body weight and expressed as g/ml.

Fasting Blood Sugar: 144 mg / dl

**FINDINGS :**

PET FINDINGS:

\* Abnormal increased FDG uptake in enhancing lesion involving the left lateral border of tongue

crossing the midline and involving the left posterior 1/3rd of tongue (SUV Max 20.0)

\* Abnormal increased FDG uptake noted in left level II (SUV Max 4.9), left level III

(SUV Max 6.7), left level IV and supraclavicular (SUV Max 3.9) lymph nodes.

\* No abnormal increased FDG uptake in CT detected tiny nodule in right lung upper lobe

- ? significance. Suggested Follow up.

\* Abnormal diffusely increased FDG uptake in marrow of axial skeleton (SUV Max 5.0)

- ? reactive hematological changes. Suggested clinical correlation.

\* Heterogeneous abnormal increased FDG uptake seen in uterine cavity (SUV max 7.8)

- Post procedural inflammatory changes.

\* No abnormal focal / diffuse FDG uptake seen in rest of lymph nodal stations, left lung,

liver, spleen, adrenal glands.

\* Normal physiological FDG uptake seen in brain, pharyngeal tonsils, vocal cords,

myocardium, liver, intestinal loops, kidneys and urinary bladder.

CT FINDINGS:

Brain:

\* Normal neuroparenchyma. No focal lesion.

Neck:

\* Enhancing lesion measuring 27 x 53 mm involving the left lateral border of tongue seen

crossing the midline and involving the left posterior 1/3rd of the tongue.

\* Multiple left level II (14 x 13 mm), III (14 x 15 mm) and IV (15 x 14 mm) lymph nodes noted.

\* Rest of the Oropharynx, nasopharynx, laryngopharynx and thyroid gland appear normal.

\* Common carotid artery and internal jugular vein appear normal.

Chest:

\* Tiny millimetric nodules in apical segment of right lung upper lobe (too small to characterize)

\* Rest of lung fields appear clear. No focal lesion.

\* Mediastinum is central.

\* Cardia and major vessels are normal.

\* No pleural effusion.

Abdomen:

\* Uterus is bulky - post MTP status.

\* Liver, gall bladder, spleen, pancreas, adrenals, kidneys and urinary bladder appear normal.

\* No retroperitoneal mass lesion.

\* No significant lymph nodes.

\* Contrast filled bowel loops are normal.

Bone:

\* No lytic / sclerotic lesion.

**CONCLUSION :**

\* FDG AVID ENHANCING LESION INVOLVING THE LEFT LATERAL BORDER OF TONGUE

CROSSING THE MIDLINE AND INVOLVING THE LEFT POSTERIOR 1/3rd OF TONGUE

- METABOLICALLY ACTIVE PRIMARY MALIGNANCY OF TONGUE.

\* FDG AVID LEFT LEVEL II, III AND IV LYMPH NODES - METABOLICALLY ACTIVE

LYMPH NODAL METASTASES.

\* NO FDG AVID OTHER LYMPH NODAL/ ANY DISTANT METASTASES.

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 18/10/2016

**Received on :** 18/10/2016

**Reported Date :** 25/10/2016

**Clinical Impression :**

Ca. tongue

**Gross Description :**

Received fresh are two specimens. The Ist specimen labellled "Left valecular mucosal margin", consists of grey

white tissue bit measuring 1.2x0.6x0.3cm.

1 section

Specimen II labelled "Left base of tongue", consists of mucosa covered tissue bit measuring 1.6x1x0.7cm.

1 section

FSI & FSII: Negative for malignancy.

Subsequently received in formalin are 14 specimens.

A. The Ist specimen labelled "Total glossectomy specimen with floor of mouth", consists of glossectomy

specimen showing a large tumour extending mainly posteriorly more on the left 1/2 with an extension into the

right. The tumour measures 7x4x3.2cm in maximum dimension. The tumour extend close to the posterior

vallecular margin, but however additional re-excision margins are provided. The tumour also extends to the

posterior base of tongue soft tissue in main specimen. But additional base of tongue soft tissue margin also

sent. The anterior floor of mouth mucosal margin is 1.2cm away. The right lateral mucosal margin is > 2cm

away. The left lateral is 0.6cm away. Posterior base of tongue mucosal margin is 0.8cm away. The tumour

extends to the base of excision, however, additional margins have been sent. Representative sections are

submitted as follows:

A1 - Right lateral

A2 - Posterior margin

A3 - Left lateral

A4 - Anterior margin

A5 - Lesion with base

A6 - Ulcerated tumour near the vallecular area

A7 to A8 - Left side tumour

A9 - Right side tumour

B. Specimen II labelled "Right level IB", consists of single nodular tissue bit measuring 4.5x3x2.3cm. 1 lymph

node identified measuring 1.8x0.8x0.5cm. Representative sections are submitted in cassettes B1 & B2.

C. Specimen III labelled "Right level II A", consists of single nodular tissue bit measuring 3.9x3.5x0.8cm.

Largest lymph node measuring 2.5x1.5x0.8cm. Representative sections are submitted in cassettes C1 to C5.

D. Specimen IV labelled "Right level IIB" consists of single nodular tissue bit measuring 1.7x1.4x0.6cm.

Entire specimen submitted in cassette D.

E. Specimen V labelled "Right level III", consists of single nodular fibrofatty tissue measuring 3.5x1.6x1cm.

Representative sections are submitted in cassettes E1 to E3.

F. Specimen VI labelled "Left level IB", consists of multiple nodular tissue bit measuring 6.5x3x2cm.

Representative sections are submitted in cassettes F1 to F3.

G. Specimen VII labelled "Left level II- A", consists of nodular tissue bit measjuring 3.6x3x1.5cm. 4 lymph

nodes identified. Cut surface of largest lymph node shows cystic space measuring 2.8x1.1x1.6cm.

Representative sections are submitted in cassettes G1 to G7.

H. Specimen VIII labelled "Left level IIB", consists of 2 nodular fibrofatty tissue in aggregate measuring

3.7x1.6x1cm. Representative sections are submitted in cassettes H1 to H3.

J. Specimen IX labelled "Left level III", consists of 2 nodular fibrofatty tissue in aggregate measuring

5.7x2.8x1cm, largest lymph node measuring 3.7x0.8x0.8cm. Representative sections are submitted in cassettes

J1 to J8.

K. Specimen X labelled "Left level IV", consists of nodular fibrofatty tissue in aggregate measuring

1.6x1.5x0.6cm. Entire specimen submitted in cassette K.

L. Specimen XI labelled "Left tonsil", consists of grey brown nodular tissue measuring 2.4x1.5x0.7cm.

Specimen serially sliced. Entire specimen submitted in cassettes L1 7 L2.

P. Specimen XII labelled "Level IA", consists of single nodular fibrofatty tissue measuring 5.2x2.1x1cm.

Representative sections are submitted in cassettes P1 & P2.

M. Specimen XIII labelled "Additional base of tongue", measuring 3.5x2x1.5cm with a mucosal surface

measuring 4x2cm. The cut surface shows myxoidish whitish areas going towards the margin. Sections

submitted in cassettes M1 to M3.

N. Specimen XIV labelled "Mucosal covered bit with 2 surgical ends (stitched end towards patient) mucosa

measuring 2.2x1x0.8cm. Section submitted in cassette N.

(Dr.Ajith/mm)

**Microscopic Description :**

Permanent of the frozen confirms the same.

A. Type of specimen : Total glossectomy :

Section shows mucosa with an infiltrating neoplasm composed of cells arranged in nests, sheets, cords, lobules

and scattered singly. The cells are with distinct cell border, pleomorphic nuclei with vesicular to coarse

chromatin with occasional prominent nucleoli, scanty to moderate amount of eosinophilic cytoplasm with

intercellular bridging,individual cell keratinisation and keratin pearl

-Invasive front is cohesive

-Mild inflammatory infiltrate seen at the advancing front.

-Stroma is desmoplastic.

-Perineural invasion noted.

- The tumour is invading the extrinsic muscle.

Margins :

The tumour is 1.2cm from anterior mucosal margin,

>2cm from right lateral mucosa margin,

0.6cm from left lateral mucosal margin,

0.8cm from posterior mucosal margin.

Extending to the posterior soft tissue margin (additional margins sent are free of tumour)

B. Left level I B -1 lymph node and salivary gland - Free of tumour

C. Right level II A - 4 lymph nodes

2/4 lymph node showing metastatic carcinoma,one of the metastatic node shows perinodal spread.

D. Right level II B- 3 lymph nodes - All are free of tumour

E. Right level III - 7 lymph nodes - all are free of tumour

F. Left level I B - 3 lymph nodes and salivary gland. All are free of tumour

G. Left level II A - 4 lymph nodes identified- 2/4 showing metastatic carcinoma. No perinodal spread noted.

H. Left level II B- 3 lymph nodes identified. All are free of tumour.

J. Left level II B- 3 lymph nodes identified . All are free of tumour

J. Left level III - 2 lymph nodes , 2/2 showing metastatic carcinoma. No perinodal spread

K. Left level IV - 2 lymph nodes - All are free of tumour

L. Left tonsil parenchyma - Free of tumour

M. Additional base of tongue margin :Free of tumour.

N. Additional base of tongue and base tongue are free of tumour seen.

P - Level Ia - 2 lymph nodes identified . Both are free of tumour

**Impression :**

Type of specimen - Total glossectomy specimen

Histological type - Squamous cell carcinoma

Differentiation - Moderate

Invasive front - Cohesive

Maximum tumour size - 7x4x3.2cm.

Maximum depth of invasion:

Vascular invasion - present

Neural invasion - Present

Extrinsic muscle invasion - present

All margins are free of tumour except the post soft tissue margin - (additional margin sent are free of tumour)

Right Level II A - 2/4 lymph nodes show metastatic carcinoma

1 lymph nodes shows peritumoral spread

Left level II A - 2/4 shows metastatic carcinoma with no peritumoural spread

Left level III - 2/2 shows metastatic carcinoma. No perinodal spread

Lymph nodes all other levels are free of tumour.

pTNM stage : pT4N2cMx.

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| **Date of Admission :**17/10/2016 | **Date of Procedure :**18/10/2016 |

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| **Date of Discharge :**13/11/2016 |

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

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| **DIAGNOSIS :** |
| Carcinoma Tongue (pT4N2cMx) |

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| **PROCEDURE DONE :** |
| Total glossectomy (Visor approach) + ALT flap +Tstomy under GA 18.10.16 |

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| **HISTORY :** |
| 27 year old Siddha Doctor, doing her first year MD, from, Marthandam, Kanyakumari District Noticed a swelling on the left lateral aspect of anterior two thirds of tongue. Her LMP is 17.06.2016 She had consulted her obstetrician who had advised symptomatic medications There was progressive increase in the lesion. A biopsy was done from a local hospital, HPR ( 16.09.2016) - Moderately differentiated Squamous cell carcinoma. Patient had approached CMC, Vellore, but due to non-availability of surgical dates had gone to the Sidha Hospital. She was on Sidha medication for about a month. Because the lesion was progressively increasing had approached local hospital, who referred her here for further management. |

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| **CLINICAL EXAMINATION :** |
| On examination GC fair, Vitals stable. |

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| Surgical Pathology Report Clinical Impression :Ca. tongue Gross Description :Received fresh are two specimens. The Ist specimen labellled "Left valecular mucosal margin", consists of grey white tissue bit measuring 1.2x0.6x0.3cm. 1 section Specimen II labelled "Left base of tongue", consists of mucosa covered tissue bit measuring 1.6x1x0.7cm. 1 section FSI & FSII: Negative for malignancy. Subsequently received in formalin are 14 specimens. A. The Ist specimen labelled "Total glossectomy specimen with floor of mouth", consists of glossectomy specimen showing a large tumour extending mainly posteriorly more on the left 1/2 with an extension into the right. The tumour measures 7x4x3.2cm in maximum dimension. The tumour extend close to the posterior vallecular margin, but however additional re-excision margins are provided. The tumour also extends to the posterior base of tongue soft tissue in main specimen. But additional base of tongue soft tissue margin also sent. The anterior floor of mouth mucosal margin is 1.2cm away. The right lateral mucosal margin is > 2cm away. The left lateral is 0.6cm away. Posterior base of tongue mucosal margin is 0.8cm away. The tumour extends to the base of excision, however, additional margins have been sent. Representative sections are submitted as follows: A1 - Right lateral A2 - Posterior margin A3 - Left lateral A4 - Anterior margin A5 - Lesion with base A6 - Ulcerated tumour near the vallecular area A7 to A8 - Left side tumour A9 - Right side tumour B. Specimen II labelled "Right level IB", consists of single nodular tissue bit measuring 4.5x3x2.3cm. 1 lymph node identified measuring 1.8x0.8x0.5cm. Representative sections are submitted in cassettes B1 & B2. C. Specimen III labelled "Right level II A", consists of single nodular tissue bit measuring 3.9x3.5x0.8cm. Largest lymph node measuring 2.5x1.5x0.8cm. Representative sections are submitted in cassettes C1 to C5. D. Specimen IV labelled "Right level IIB" consists of single nodular tissue bit measuring 1.7x1.4x0.6cm. Entire specimen submitted in cassette D. E. Specimen V labelled "Right level III", consists of single nodular fibrofatty tissue measuring 3.5x1.6x1cm. Representative sections are submitted in cassettes E1 to E3. F. Specimen VI labelled "Left level IB", consists of multiple nodular tissue bit measuring 6.5x3x2cm. Representative sections are submitted in cassettes F1 to F3. G. Specimen VII labelled "Left level II- A", consists of nodular tissue bit measjuring 3.6x3x1.5cm. 4 lymph nodes identified. Cut surface of largest lymph node shows cystic space measuring 2.8x1.1x1.6cm. Representative sections are submitted in cassettes G1 to G7. H. Specimen VIII labelled "Left level IIB", consists of 2 nodular fibrofatty tissue in aggregate measuring 3.7x1.6x1cm. Representative sections are submitted in cassettes H1 to H3. J. Specimen IX labelled "Left level III", consists of 2 nodular fibrofatty tissue in aggregate measuring 5.7x2.8x1cm, largest lymph node measuring 3.7x0.8x0.8cm. Representative sections are submitted in cassettes J1 to J8. K. Specimen X labelled "Left level IV", consists of nodular fibrofatty tissue in aggregate measuring 1.6x1.5x0.6cm. Entire specimen submitted in cassette K. L. Specimen XI labelled "Left tonsil", consists of grey brown nodular tissue measuring 2.4x1.5x0.7cm. Specimen serially sliced. Entire specimen submitted in cassettes L1 7 L2. P. Specimen XII labelled "Level IA", consists of single nodular fibrofatty tissue measuring 5.2x2.1x1cm. Representative sections are submitted in cassettes P1 & P2. M. Specimen XIII labelled "Additional base of tongue", measuring 3.5x2x1.5cm with a mucosal surface measuring 4x2cm. The cut surface shows myxoidish whitish areas going towards the margin. Sections submitted in cassettes M1 to M3. N. Specimen XIV labelled "Mucosal covered bit with 2 surgical ends (stitched end towards patient) mucosa measuring 2.2x1x0.8cm. Section submitted in cassette N. (Dr.Ajith/mm) Microscopic Description : Permanent of the frozen confirms the same. A. Type of specimen : Total glossectomy : Section shows mucosa with an infiltrating neoplasm composed of cells arranged in nests, sheets, cords, lobules and scattered singly. The cells are with distinct cell border, pleomorphic nuclei with vesicular to coarse chromatin with occasional prominent nucleoli, scanty to moderate amount of eosinophilic cytoplasm with intercellular bridging,individual cell keratinisation and keratin pearl -Invasive front is cohesive -Mild inflammatory infiltrate seen at the advancing front. -Stroma is desmoplastic. -Perineural invasion noted. - The tumour is invading the extrinsic muscle. Margins : The tumour is 1.2cm from anterior mucosal margin, >2cm from right lateral mucosa margin, 0.6cm from left lateral mucosal margin, 0.8cm from posterior mucosal margin. Extending to the posterior soft tissue margin (additional margins sent are free of tumour) B. Left level I B -1 lymph node and salivary gland - Free of tumour C. Right level II A - 4 lymph nodes 2/4 lymph node showing metastatic carcinoma,one of the metastatic node shows perinodal spread. D. Right level II B- 3 lymph nodes - All are free of tumour E. Right level III - 7 lymph nodes - all are free of tumour F. Left level I B - 3 lymph nodes and salivary gland. All are free of tumour G. Left level II A - 4 lymph nodes identified- 2/4 showing metastatic carcinoma. No perinodal spread noted. H. Left level II B- 3 lymph nodes identified. All are free of tumour. J. Left level II B- 3 lymph nodes identified . All are free of tumour J. Left level III - 2 lymph nodes , 2/2 showing metastatic carcinoma. No perinodal spread K. Left level IV - 2 lymph nodes - All are free of tumour L. Left tonsil parenchyma - Free of tumour M. Additional base of tongue margin :Free of tumour. N. Additional base of tongue and base tongue are free of tumour seen. P - Level Ia - 2 lymph nodes identified . Both are free of tumour Impression : Type of specimen - Total glossectomy specimen Histological type - Squamous cell carcinoma Differentiation - Moderate Invasive front - Cohesive Maximum tumour size - 7x4x3.2cm. Maximum depth of invasion: Vascular invasion present Neural invasion - Present Extrinsic muscle invasion - present All margins are free of tumour except the post soft tissue margin - (additional margin sent are free of tumour) Right Level II A - 2/4 lymph nodes show metastatic carcinoma 1 lymph nodes shows peritumoral spread Left level II A - 2/4 shows metastatic carcinoma with no peritumoural spread Left level III - 2/2 shows metastatic carcinoma. No perinodal spread Lymph nodes all other levels are free of tumour. pTNM stage : pT4N2cMx. |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| case of ca tongue was discussed in tumour board and planned for Total glossectomy (Visor approach) + ALT flap . the same done under GA on 18.11.16. patient during post operative recovery developed fever secondary to urinary tract infection which was manged by inj colistin and inj meropenem. patient recovered well. patient decannulated successfully. PEG insertion done after 8 days of surgery. afebrile, vitals stable on discarge. |

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| **OPERATIVE FINDINGS :** |
| CarcinomaSurgery: Total glossectomy (Visor approach) + ALT flap +Tstomy under GA 18.10.16 Findings: 5x4 cm exophytic indurated lesion on left lateral border tongue, induration extends beyond midline and in to base tongue. Multiple enlarged nodes in Left level IB,II,III,IV. Largest 2 x2 cm Procdure: Under GA with nasotracheal intubation , Pt is taken. Transverse cervical skin crease incision kept. subplatysmal flap raised. BL Level I dissection done. BL Digastric detached from mandible. Subperiosteum cut at inferior border of mandible and elevated. Gingival cut made on buccal aspect over alveolus. Subperiosteum elevated. Geniohyoid and genioglossus muscles cut. BL Palatoglossus muslces cut and tongue and FOM released in to neck. Total glossectomy was done preserving minimal base tongue on right side. Left tonsillectomy done as postero superior margin. Additional posterior mucosal margins sent from vallecula and right BOT for frozen. came negative. BL SND (I-IV) done preserving IJV, SCM, Spinal Accessory nerve. Left ALT flap with 10x 6 cm skin paddle raised and inset done to fill defect of tongue and FOM. Micro vascular anastomosis done with lingual artery and common facial vein on right side. ALT Wound closed in layers primarily. neck wound closed in layers keeping 14 Fr - 2 drains. Tracheostomy was done with double lumen 7.5 portex tube. At the end of the procedure flap perfusion confirmed and Pt shifted to ICU . tongue |

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| **ADVICE ON DISCHARGE :** |
| oral care PEG wound care |

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| **DIET RECOMMENDATIONS :** |
| PEG feeds 2-2.4ltr per day(high protien , high calorie) |

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

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| **DISCHARGE MEDICATION :** |
| Tab Pan 40 mg 1-0-0 x 5 days Tab Dolo 650 mg 1-1-1 x 5 days ensure protien 2 scoops 1-1-1 with 100ml milk PEG |

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| **PLAN ON DISCHARGE :** |
| adjuvant CTRT (patient wants take adjuvant therapy at CMC, Vellore) oral care |

**Tumour Board Discussion**

**Date of tumor board discussion :** 19/10/2016

**Relevant clinical details :**

Noticed a swelling on the left lateral aspect of anterior two thirds of tongue.

Her LMP is 17.06.2016 She had consulted her obstetrician who had advised symptomatic medications There was

progressive increase in the lesion.

A biopsy was done from a local hospital, HPR ( 16.09.2016) - Moderately differentiated Squamous cell

carcinoma.

Patient had approached CMC, Vellore, but due to non-availability of surgical dates had gone to the Sidha

Hospital.

Was on Sidha medication for about a month. Because the lesion was progressively increasing had approached

local hospital, who referred her here.

O/E- A proliferative lesion about 4 x 5 cm in size over the left lateral border of anterior two thirds of tongue.

Crossing the mid line. Mild ankyloglossia present.

Multiple nodes palpable over the left level II, III and IV

MRI outside: Tumour 3.8 x 2.6 x 3 cm crossing midline

Nodes: Multiple nodes in levels II, III and IV on the left side. Largest 2.3 x 1.5 cm.

Scopy- NAD

Impression- cT3N2bMx Ca tongue

**Surgery / other procedures :**

Primi at 16 weeks 3days k/c/o Ca tongue on treatment came to LR for 2nd trimester MTP in view of the

advanced disease, which would require aggressive treatment with surgery, radiotherapy and concurrent

chemotherapy, and in view of the contraindication for detailed radiological evaluations.

Second trimester MTP on 10/10/16

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

HPR ( 16.09.2016) outside - Moderately differentiated Squamous cell carcinoma.

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

Whole Body PET CT 13.10.16 -

FDG AVID ENHANCING LESION INVOLVING THE LEFT LATERAL BORDER OF TONGUE

CROSSING THE MIDLINE AND INVOLVING THE LEFT POSTERIOR 1/3rd OF TONGUE -

METABOLICALLY ACTIVE PRIMARY MALIGNANCY OF TONGUE.

FDG AVID LEFT LEVEL II, III AND IV LYMPH NODES - METABOLICALLY ACTIVE LYMPH NODAL

METASTASES.

NO FDG AVID OTHER LYMPH NODAL/ ANY DISTANT METASTASES.

**HISTOPATHOLOGY TUMOUR BOARD**

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

Clinical Impression :

Ca. tongue

Gross Description :

Received fresh are two specimens. The Ist specimen labellled "Left valecular mucosal margin", consists of grey

white tissue bit measuring 1.2x0.6x0.3cm. 1 section Specimen II labelled "Left base of tongue", consists of

mucosa covered tissue bit measuring 1.6x1x0.7cm. 1 section FSI & FSII: Negative for malignancy. Subsequently

received in formalin are 14 specimens. A. The Ist specimen labelled "Total glossectomy specimen with floor of

mouth", consists of glossectomy specimen showing a large tumour extending mainly posteriorly more on the left

1/2 with an extension into the right. The tumour measures 7x4x3.2cm in maximum dimension. The tumour

extend close to the posterior vallecular margin, but however additional re-excision margins are provided. The

tumour also extends to the posterior base of tongue soft tissue in main specimen. But additional base of tongue

soft tissue margin also sent. The anterior floor of mouth mucosal margin is 1.2cm away. The right lateral

mucosal margin is > 2cm away. The left lateral is 0.6cm away. Posterior base of tongue mucosal margin is 0.8cm

away. The tumour extends to the base of excision, however, additional margins have been sent. Representative

sections are submitted as follows: A1 - Right lateral A2 - Posterior margin A3 - Left lateral A4 - Anterior margin

A5 - Lesion with base A6 - Ulcerated tumour near the vallecular area A7 to A8 - Left side tumour A9 - Right

side tumour B. Specimen II labelled "Right level IB", consists of single nodular tissue bit measuring

4.5x3x2.3cm. 1 lymph node identified measuring 1.8x0.8x0.5cm. Representative sections are submitted in

cassettes B1 & B2. C. Specimen III labelled "Right level II A", consists of single nodular tissue bit measuring

3.9x3.5x0.8cm. Largest lymph node measuring 2.5x1.5x0.8cm. Representative sections are submitted in

cassettes C1 to C5. D. Specimen IV labelled "Right level IIB" consists of single nodular tissue bit measuring

1.7x1.4x0.6cm. Entire specimen submitted in cassette D. E. Specimen V labelled "Right level III", consists of

single nodular fibrofatty tissue measuring 3.5x1.6x1cm. Representative sections are submitted in cassettes E1 to

E3. F. Specimen VI labelled "Left level IB", consists of multiple nodular tissue bit measuring 6.5x3x2cm.

Representative sections are submitted in cassettes F1 to F3. G. Specimen VII labelled "Left level II- A", consists

of nodular tissue bit measjuring 3.6x3x1.5cm. 4 lymph nodes identified. Cut surface of largest lymph node

shows cystic space measuring 2.8x1.1x1.6cm. Representative sections are submitted in cassettes G1 to G7. H.

Specimen VIII labelled "Left level IIB", consists of 2 nodular fibrofatty tissue in aggregate measuring

3.7x1.6x1cm. Representative sections are submitted in cassettes H1 to H3. J. Specimen IX labelled "Left level

III", consists of 2 nodular fibrofatty tissue in aggregate measuring 5.7x2.8x1cm, largest lymph node measuring

3.7x0.8x0.8cm. Representative sections are submitted in cassettes J1 to J8. K. Specimen X labelled "Left level

IV", consists of nodular fibrofatty tissue in aggregate measuring 1.6x1.5x0.6cm. Entire specimen submitted in

cassette K. L. Specimen XI labelled "Left tonsil", consists of grey brown nodular tissue measuring

2.4x1.5x0.7cm. Specimen serially sliced. Entire specimen submitted in cassettes L1 7 L2. P. Specimen XII

labelled "Level IA", consists of single nodular fibrofatty tissue measuring 5.2x2.1x1cm. Representative sections

are submitted in cassettes P1 & P2. M. Specimen XIII labelled "Additional base of tongue", measuring

3.5x2x1.5cm with a mucosal surface measuring 4x2cm. The cut surface shows myxoidish whitish areas going

towards the margin. Sections submitted in cassettes M1 to M3. N. Specimen XIV labelled "Mucosal covered bit

with 2 surgical ends (stitched end towards patient) mucosa measuring 2.2x1x0.8cm. Section submitted in

cassette N.

Microscopic Description :

Permanent of the frozen confirms the same. A. Type of specimen : Total glossectomy : Section shows mucosa

with an infiltrating neoplasm composed of cells arranged in nests, sheets, cords, lobules and scattered singly. The

cells are with distinct cell border, pleomorphic nuclei with vesicular to coarse chromatin with occasional

prominent nucleoli, scanty to moderate amount of eosinophilic cytoplasm with intercellular bridging,individual

cell keratinisation and keratin pearl -Invasive front is cohesive -Mild inflammatory infiltrate seen at the

advancing front. -Stroma is desmoplastic. -Perineural invasion noted. - The tumour is invading the extrinsic

muscle. Margins : The tumour is 1.2cm from anterior mucosal margin, >2cm from right lateral mucosa margin,

0.6cm from left lateral mucosal margin, 0.8cm from posterior mucosal margin. Extending to the posterior soft

tissue margin (additional margins sent are free of tumour) B. Left level I B -1 lymph node and salivary gland -

Free of tumour C. Right level II A - 4 lymph nodes 2/4 lymph node showing metastatic carcinoma,one of the

metastatic node shows perinodal spread. D. Right level II B- 3 lymph nodes - All are free of tumour E. Right

level III - 7 lymph nodes - all are free of tumour F. Left level I B - 3 lymph nodes and salivary gland. All are free

of tumour G. Left level II A - 4 lymph nodes identified- 2/4 showing metastatic carcinoma. No perinodal spread

noted. H. Left level II B- 3 lymph nodes identified. All are free of tumour. J. Left level II B- 3 lymph nodes

identified . All are free of tumour J. Left level III - 2 lymph nodes , 2/2 showing metastatic carcinoma. No

perinodal spread K. Left level IV - 2 lymph nodes - All are free of tumour L. Left tonsil parenchyma - Free of

tumour M. Additional base of tongue margin :Free of tumour. N. Additional base of tongue and base tongue are

free of tumour seen. P - Level Ia - 2 lymph nodes identified . Both are free of tumour

Impression :

Type of specimen - Total glossectomy specimen Histological type - Squamous cell carcinoma Differentiation -

Moderate Invasive front - Cohesive Maximum tumour size - 7x4x3.2cm. Maximum depth of invasion: Vascular

invasion - present Neural invasion - Present Extrinsic muscle invasion - present All margins are free of tumour

except the post soft tissue margin - (additional margin sent are free of tumour) Right Level II A - 2/4 lymph

nodes show metastatic carcinoma 1 lymph nodes shows peritumoral spread Left level II A - 2/4 shows metastatic

carcinoma with no peritumoural spread Left level III - 2/2 shows metastatic carcinoma. No perinodal spread

Lymph nodes all other levels are free of tumour. pTNM stage : pT4N2cMx.

**Agreed Plan of management :**

radiotherapy

**Progress Notes**

**Date : 08/10/2016**

**ProgressNotes :**

27 year old Siddha Doctor, doing her first year MD, from, Marthandam, Kanyakumari District Noticed a

swelling on the left lateral aspect of anterior two thirds of tongue. Her LMP is 17.06.2016 She had consulted

her obstetrician who had advised symptomatic medications There was progressive increase in the lesion. A

biopsy was done from a local hospital, HPR ( 16.09.2016) - Moderately differentiated Squamous cell

carcinoma. Patient had approached CMC, Vellore, but due to non-availability of surgical dates had gone to the

Sidha Hospital. Was on Sidha medication for about a month. Because the lesion was progressively increasing

had approached local hospital, who referred her here. Clinically, A proliferative lesion about 4 x 5 cm in size

over the left lateral border of anterior two thirds of tongue. Crossing the mid line. Mild ankyloglossia present.

Multiple nodes palpable over the left level II, III and IV MRI outside: Tumour 3.8 x 2.6 x 3 cm crossing

midline Nodes: Multiple nodes in levels II, III and IV on the left side. Largest 2.3 x 1.5 cm.

clinically T3N2bMx

needs met workup

16 weeks pregnant

plan

rx can be determined only after met workup

explained and counselled in detail

gynec for ? termination

then PET scan

if no mets then WLE + ND+ STF + PORT

ryles tube today

analgesics

r/Tuesday

**Operative Notes**

**Date : 20/10/2016**

**ProgressNotes :**

Diagnosis: Ca Tongue

Surgery: Total glossectomy (Visor approach) + BL SND(I-IV) + ALT flap +Tstomy under GA

Surgeons: Dr.deepak ,Dr Shashikant, Dr Afsha

Findings: 5x4 cm exophytic indurated lesion on left lateral border tongue, induration extends beyond midline

and in to base tongue. Multiple enlarged nodes in Left level IB,II,III,IV.

Largest 2 x2 cm

Procdure: Under GA with nasotracheal intubation , Pt is taken. Transverse cervical skin crease incision kept.

subplatysmal flap raised. BL Level I dissection done. BL Digastric detached from mandible. Subperiosteum

cut at inferior border of mandible and elevated. Gingival cut made on buccal aspect over alveolus.

Subperiosteum elevated. Geniohyoid and genioglossus muscles cut. BL Palatoglossus muslces cut and tongue

and FOM released in to neck. Total glossectomy was done preserving minimal base tongue on right side. Left

tonsillectomy done as postero superior margin. Additional posterior mucosal margins sent from vallecula and

right BOT for frozen. came negative. BL SND (I-IV) done preserving IJV, SCM, Spinal Accessory nerve.

Left ALT flap with 10x 6 cm skin paddle raised and inset done to fill defect of tongue and FOM. Micro

vascular anastomosis done with lingual artery and common facial vein on right side. ALT Wound closed in

layers primarily. neck wound closed in layers keeping 14 Fr - 2 drains. Tracheostomy was done with double

lumen 7.5 portex tube. At the end of the procedure flap perfusion confirmed and Pt shifted to ICU