**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 29/06/2018

**Received on :** 29/06/2018

**Reported Date :** 02/07/2018

**Clinical Impression :**

C/o Carcinoma right tongue - lateral border and dorsum

**Gross Description :**

Received in formalin are 14 specimens.

The Ist specimen labelled"main specimen near total glossectomy" consists of the same measuring

7(AP)x7(SI)x4(ML)cm. Raw surface inked and specimen serially sliced from anterior to posterior into 11 slices.

An ulceroproliferative lesion noted on the dorsal mucosa and right lateral aspect of the tongue which is sliced

into 9 slices and is measuring 5.5(AP)x4(SI)x2.5cm ; it crosses the midline with a maximum depth of 1.5cm. A

lesion measuring 0.3cm in greatest dimension noted 1cm away from main lesion in superomedial aspect. The

lesion is 1cm from anterior mucosal and soft tissue , 0.5cm from medial deep margin and soft tissue margin ,

1.8cm from superomedial mucosal margin, 0.7cm from inferolateral mucosal , 1.3cm from inferolateral soft

tissue margin and 1.5cm from posterior mucosal and soft tissue margin.Salivary gland and muscle noted on

inferomedial aspect which is seen infiltrated by the lesion. Representative sections are submitted as follows:

A1 -Anterior mucosal and soft tissue margin (shaved)

A2 - Superomedial mucosal margin and satellite lesion (radial)

A3 - Deep margin (radial)

A4- Inferolateral mucosal and soft tissue margin with salivary gland infiltrated by lesion

A5 - Posterior mucosal and soft tissue margin shaved

A6 to A10 - Lesion.

Specimen II labelled"Level Ia" consists of nodular fibrofatty tissue measuring 4x2.7x0.5cm. 2 lymph nodes and

1 lymph node identified, largest measuring 0.6cm in greatest dimension. Entire specimen submitted in cassettes

B1 to B5.

Specimen III labelled "Right level IB' consists of nodular fibrofatty tissue measuring 5.4x4.9x1.7cm. On cutting

open salivary gland identified. 1 lymph node identified. Representative sections are submitted in cassettes C1 to

C4.

Specimen IV labelled "Right level IIa" consists of 3 nodular fibrofatty tissue measuring 4x3.5x1.5cm. 6 lymph

nodes identified, largest one measuring 2.5cm in greatest dimension. Cut surface lymph node show grey white

and cystic areas. Representative sections are submitted in cassettes D1 to D6.

Specimen V labelled "Right level IIb" consists of nodular fibrofatty tissue measuring 2x1.6x1.2cm. 3 lymph

nodes identified.Entire specimen submited in cassette E.

Specimen VI labelled "Right level III" consists of nodular fibrofatty tissue measuring 4x1.9x1.7cm. 4 lymph

nodes identified. Entire specimen submitted in cassettes F1 to F4.

Specimen VII labelled "Right level IV" consists of nodular fibrofatty tissue measuring 3x1.5x1cm. 5 lymph

nodes identified. Entire specimen submitted in cassettes G1 to G3.

Specimen VIII labelled"left level IB lymph node"consists of 3 nodular fibrofatty tissue in aggregate measuring

6x4.7x2.5cm. Cut surface shows salivary gland tissue and one lymph node measuring 0.3cm in greatest

dimension. Representative sections are submitted in cassettes H1 to H4.

Specimen IX labelled "Level IIA lymph node" consists of nodular fibrofatty tissue measuring 3x2.5x1.3cm. 1

lymph node identified measuring 1.3cm in greatest dimension. Entire specimen submitted in cassettes J1 to J5.

Specimen X labelled "Left level IIB" consists of nodular fibrofatty tissue measuring 2x1x1cm.1 lymph node

identified measuring 1.5cm in greatest dimension. Entire specimen submitted in cassettes K1 & K2.

Specimen XI labelled "Left level III" consists of nodular fibrofatty tissue measuring 4.5x3x1cm. 3 lymph nodes

identified, the largest one measuring 1.5cm in greatest dimension. Entire specimen submitted in cassettes L1 to

L3.

Specimen XII labelled "Left level IV" consists of nodular fibrofatty tissue measuring 2x2x1cm. 6lymph nodes

identified, largest measuring one measuring1cm in greatest dimension. Entire specimen submitted in cassettes

M1 to M4.

Specimen XIII labelled "Left level III sentinal lymph node"consists of single nodular fibrofatty tissue measuring

3x1.8x1cm. Entire specimen submitted in cassettes N1 & N2.

Specimen XIV labeled " Left sentinal node Ib" consists of 2 nodular fibrofatty tissue whole measuring

3.2x1.2x1.4cm. Entire specimen submitted in cassettes P1 to P3.

(Dr.Amrutha/mm)

**Microscopic Description :**

Section from near tatal glossectomy shows infiltrative neoplasm arising from the epithelium. it is arranged

nests, trabeculae and in glandular forms. Cells are round to polygonal with hyperchromatic/ vesicular nuclei.

Few cells show prominent nucleoli. Keratin pearls noted. Intercellular keratinisation and intracellular bridging

noted. Mitosis noted. Desmoplastic stroma with dense inflammation at interface present . PNI and LVE seen.

B. Level Ia - 2 lymph nodes - free of tumour

C. Right level IB - 1 lymph node and salivary gland is free of tumour

D. Right level IIA - 2 out of 5 lymph nodes show evidence of malignancy.

E. Right level II b - 9 nodes - free of tumour

F. Right level III - 10 nodes - free of tumour

G. Right level IV - 6 nodes - free of tumour

H. Left level IB -1 lymph node and salivary gland is free of tumour.

J- Level IIa - 6 lymph nodes - free of tumour

K. Left level IIb - 1 lymph node - free of tumour

L. Left level III - 4 lymph nodes - free of tumour

M. left level IV - 11 lymph nodes - free of tumour

N. Left level III - 1 lymph node - shows evidence of malignancy.

P. Left sentinal node - 2 lymph nodes - free of tumour

**Impression :**

Near total glossectomy :

- Well to moderately differentiated squamous cell carcinoma

- Tumour size - 5.5x4x2.5cm.

- Depth of the lesion - 1.5cm

- Tumor crosses the midline

- WPOI - type 4

- Lymphocytic infiltrate - score 0

- Perineural invasion - score 2

- Risk assessment - High

Margins :

All resected margins are free of tumour . Closest is medial deep inked margin which is 0.5cm away.

Lymph nodes :

2/5 right level IIA nodes and 1/1 left level III sentinal node show tumour. Minor ENE present in both nodes .

All other sampled nodes are free of tumour. Largest metastatic deposit measures 1.4cm.

Stage - pT4N3b

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| **Date of Admission :**27/06/2018 | **Date of Procedure :**28/06/2018 |

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| **Date of Discharge :**13/07/2018 |

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

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| **DIAGNOSIS :** |
| Carcinoma tongue right lateral border cT4aN2bMx |

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| **PROCEDURE DONE :** |
| Near total glossectomy, pull through approach,sentinal node biopsy for left cervical nodes, bl SND levels I-IV with transverse upper gracilis flap reconstruction+tracheostomy under GA on 28/06/2018. |

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| **DRUG ALLERGIES :** Not known. |

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| **HISTORY :** |
| 27 yr/M from burdwan west bengal No comorbidities , h/o TC+ claims abstineence since 4 months came with complaints of Right lateral border tongue ulceroproliferative lesion X 5 months rapidly increasing a /w restricted tongue moveemnt , difficulty in articulation and pain Patient was assesed at CMC vellore wher biopsy and imaging was done. Patient then followed up at Thangam Cancer centre from where is now referred for further MX H/o Pancytopenia with severe anemia, with jaundice , HSmegaly in 2014 , Bone marrow examination done reports not available . now asymptomatic H/O Blood transfusion during same hospitalisation. |

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| **PAST HISTORY :** |
| H/o jaundice 3 years back.Had bleeding tendencies .Underwent blood transfusion and conservatively managed .Now asymptomatic. 5 years of tobacco chewing stopped 5 weeks back |

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| **PERSONAL HISTORY :** |
| No h/o DM / HTN / DLP/ Asthma/ TB/Seizures/ CAD / CVA / Thyroid Dysfunction No recent h/o fever and cough Bowel and bladder normal Moderate effort tolerance No Habituation to smoking. |

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| **CLINICAL EXAMINATION :** |
| On examination: KPs 100 Oral :mouth opening adequate Right lateral tongue border UPL growth approc 4cm x 2.5cm startring from tip of tongue and under surface till TLS, FOM involved , BOt is free with induratioon crossing midline on dorsum anteriorly., fasciculation + Neck : Right Level II LN palpable 1cm X 1cm firm nontender Bioipsy (13/06/18): WDSCC MRI Head and NEck contrast(09/06/18): T1 isointense and T2 hyperintense 48.5 X 32X 37 mm lesion in Right tongue and anterior half.Left Level IB LN 6.5mm Right 7.2mm. Right Level II LN 9.5mm |

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| Histology (include histology done / reviewed elsewhere) : Near total glossectomy : - Well to moderately differentiated squamous cell carcinoma - Tumour size - 5.5x4x2.5cm. - Depth of the lesion - 1.5cm - Tumor crosses the midline - WPOI - type 4 - Lymphocytic infiltrate - score 0 - Perineural invasion - score 2 - Risk assessment - High Margins : All resected margins are free of tumour . Closest is medial deep inked margin which is 0.5cm away. Lymph nodes : 2/5 right level IIA nodes and 1/1 left level III sentinal node show tumour. Minor ENE present in both nodes . All other sampled nodes are free of tumour. Largest metastatic deposit measures 1.4cm. Stage - pT4N3b Histopathology tumour Agreed Plan of management : CRT |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| 27 years old male came to our hospital with above mentioned complaints.After all examination and investigation he underwent Near total glossectomy, pull through approach,sentinal node biopsy for left cervical nodes, bl SND levels I-IV with transverse upper gracilis flap reconstruction+tracheostomy under GA on 28/06/2018.A swallowing assessment was done and dry supraglottic swallowing maneuvre explained .Patient advised for swallowing exercuise TID .Decanulation attempted twice but failed. Patient's final histopathology report discussed in ttumour board and planned for adjuvant CRT. .At the time of discharge he is stable and afebrile. At the time of discharge ryles tube and tracheotomy tube insitu. |

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| **OPERATIVE FINDINGS :** |
| procedure- near total glossectomy, pull through approach,sentinal node biopsy for left cervical nodes, bl SND levels I-IV with transverse upper gracilis flap harvested from left thigh with tracheostomy under GA findings-ulceroproliferative growth Right lateral tongue border approc 4cm x 4cm extending from tip of tongue and under surface till TLS, FOM involved , BOt is free with induration crossing midline on dorsum anteriorly.induration of approximately 1.5cm multiple right level IIa and III nodes, single largest node with ECS left multiple Ib, IIa, III and small IV node under GA with all aseptic precautions transverse upper skin crease incision taken from righ angle of mandible to opposite angle of mandible subplatysmal flaps elevated sentinal node biopsy done for left cervical LN- nodes at levels Ib, IIa, II and IV identified with gamma camera, excised and sent for sentinal node biopsy I a,bl level Ib nodes cleared preserving marginal mandibular nerve, facial artery and vein pull through near total glossectomy done with 1cm margins around tumour mass in 3D, part of left post 1/3rd and base of tongue found uninvolved and preserved hypoglossal nerve on left side identified and preserved specimen sent for HPE BL SND levels I-IV completed and specimen sent for HPE bl spinal accessory nerve was identified and preserved hemostasis achieved transverse upper gracilis flap harvested from left thigh and used for reconstruction of floor of mouth and tongue defect (details reconstruction notes) closure of neck done in layers over suction drain closure of thigh done in layers primarily tracheostomy done procedure uneventful Transverse upper gracilis flpa for near total glossectomy defect composite flap with 4x5cm skin paddle gracilis based on branch from medial circumflex and obturator nerve branch approximate pedicle length was 10cm flap inset done by creating oral diaphragm with gracilis sutured to tosillar fossa bilaterally and hitching it to mandible by interdental sutures preferential thinning of fat done skin paddle sutured over to underlying muscle to create dome of tongue anastomosis to facial artery and facial vein jump obturator nerve branch anastamosis to left hypoglossal nerve TUG flap donor closed primarily. |

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| **ADVICE ON DISCHARGE :** |
| Oral care Tracheotomy tube care |

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| **DIET RECOMMENDATIONS :** |
| Ryles tube feed @100 ml/hr |

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| **PHYSICAL ACTIVITY :** |
| Normal |

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| **DISCHARGE MEDICATION :** |
| Tab.Dolo 650mg 1-1-1 x 5days Tab.Pan 40 mg 1-0-0 x 5days Tab Zolfresh 5 mg Hs x 5 days T. Emset 4 mg BDx 5 days |

**Tumour Board Discussion**

**Relevant clinical details :**

27 yr/M from burdwan west bengal

No comorbidities , h/o TC+ claims abstineence since 4 months

c/o Right lateral border tongue ulceroproliferative lesion X 5 months

rapidly increasing a /w restricted tongue moveemnt , difficulty in articulation and pain

Patient was assesed at CMC vellore wher biopsy and imaging was done.

Patient then followed up at Thangam Cancer centre from where is now referred for further MX

H/o Pancytopenia with severe anemia, with jaundice , HSmegaly in 2014 , Bone marrow examination done

reports not available . now asymptomatic

H/O Blood transfusion during same hospitalisation

O/E KPs 100

Oral :mouth opening adequate Right lateral tongue border UPL growth approc 4cm x 2.5cm startring from tip

of tongue and under surface till TLS, FOM involved , BOt is free with induratioon crossing midline on

dorsum anteriorly., fasciculation +

Neck : Right Level II LN palpable 1cm X 1cm firm nontender

Bioipsy (13/06/18): WDSCC

MRI Head and NEck contrast(09/06/18): T1 isointense and T2 hyperintense 48.5 X 32X 37 mm lesion in

Right tongue and anterior half.Left Level IB LN 6.5mm Right 7.2mm. Right Level II LN 9.5mm

Imp : CA tongue right lateral border cT4aN2bMx

Adv

CT Chest / CXR

Plan : WLE + B/L Nd+ STF

**Agreed Plan of management :**

To do CXR

Consider Sentinel node biopsy

Plan : WLE + B/L Nd+ STF

**Histopathology Tumour board**

**Date of tumor board discussion :** 11/07/2018

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

Near total glossectomy : - Well to moderately differentiated squamous cell carcinoma - Tumour size -

5.5x4x2.5cm. - Depth of the lesion - 1.5cm - Tumor crosses the midline - WPOI - type 4 - Lymphocytic infiltrate

- score 0 - Perineural invasion - score 2 - Risk assessment - High Margins : All resected margins are free of

tumour . Closest is medial deep inked margin which is 0.5cm away. Lymph nodes : 2/5 right level IIA nodes and

1/1 left level III sentinal node show tumour. Minor ENE present in both nodes . All other sampled nodes are free

of tumour. Largest metastatic deposit measures 1.4cm. Stage - pT4N3b

**Agreed Plan of management :**

CRT

**Progress Notes**

**Date : 25/06/2018**

**ProgressNotes :**

27 yr/M from burdwan west bengal

No comorbidities , h/o TC+ claims abstineence since 4 months

c/o Right lateral border tongue ulceroproliferative lesion X 5 months

rapidly increasing a /w restricted tongue moveemnt , difficulty in articulation and pain

Patient was assesed at CMC vellore wher biopsy and imaging was done.

Patient then followed up at Thangam Cancer centre from where is now referred for further MX

H/o Pancytopenia with severe anemia, with jaundice , HSmegaly in 2014 , Bone marrow examination done

reports not available . now asymptomatic

H/O Blood transfusion during same hospitalisation

O/E KPs 100

Oral :mouth opening adequate Right lateral tongue border UPL growth approc 4cm x 2.5cm startring from tip

of tongue and under surface till TLS, FOM involved , BOt is free with induratioon crossing midline on

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Right tongue and anterior half.Left Level IB LN 6.5mm Right 7.2mm. Right Level II LN 9.5mm

Imp : CA tongue right lateral border cT4aN2bMx

Plan : WLE + B/L Nd+ STF

**resection notes**

**Date : 30/06/2018**

**ProgressNotes :**

procedure- near total glossectomy, pull through approach,sentinal node biopsy for left cervical nodes, bl SND

levels I-IV with transverse upper gracilis flap harvested from left thigh with tracheostomy under GA

findings-ulceroproliferative growth Right lateral tongue border approc 4cm x 4cm extending from tip of

tongue and under surface till TLS, FOM involved , BOt is free with induration crossing midline on dorsum

anteriorly.induration of approximately 1.5cm

multiple right level IIa and III nodes, single largest node with ECS

left multiple Ib, IIa, III and small IV node

under GA with all aseptic precautions

transverse upper skin crease incision taken from righ angle of mandible to opposite angle of mandible

subplatysmal flaps elevated

sentinal node biopsy done for left cervical LN- nodes at levels Ib, IIa, II and IV identified with gamma camera,

excised and sent for sentinal node biopsy

I a,bl level Ib nodes cleared preserving marginal mandibular nerve, facial artery and vein

pull through near total glossectomy done with 1cm margins around tumour mass in 3D, part of left post 1/3rd

and base of tongue found uninvolved and preserved

hypoglossal nerve on left side identified and preserved

specimen sent for HPE

BL SND levels I-IV completed and specimen sent for HPE

bl spinal accessory nerve was identified and preserved

hemostasis achieved

transverse upper gracilis flap harvested from left thigh and used for reconstruction of floor of mouth and

tongue defect (details reconstruction notes)

closure of neck done in layers over suction drain

closure of thigh done in layers primarily

tracheostomy done

procedure uneventful

**Recontruction Notes**

**Date : 06/07/2018**

**ProgressNotes :**

Transverse upper gracilis flpa for near total glossectomy defect

composite flap with 4x5cm skin paddle gracilis based on branch from medial circumflex and obturator nerve

branch

approximate pedicle length was 10cm

flap inset done by creating oral diaphragm with gracilis sutured to tosillar fossa bilaterally and hitching it to

mandible by interdental sutures

preferential thinning of fat done

skin paddle sutured over to underlying muscle to create dome of tongue

anastomosis to facial artery and facial vein

jump obturator nerve branch anastamosis to left hypoglossal nerve

TUG flap donor closed primarily.

**Progress Notes**

**Date : 15/07/2018**

**ProgressNotes :**

Carcinoma tongue right lateral border cT4aN2bMx

s/p Near total glossectomy, pull through approach,sentinal node biopsy for left cervical nodes, bl SND levels

I-IV with transverse upper gracilis flap reconstruction+tracheostomy under GA on 28/06/2018.

HPR- well to MDSCC pT4N3b

now vocalizing

TT and RT in situ

o/e flap well taken up

donor site gaping at T junction

adv

to keep TT corked

to meet Radiation/medical oncologist today