**CT - Report**

**CreatedDate:** 12/04/2014

**Study Done:**

**MDCT NECK - CONTRAST WITH CHEST**

**Clinical info: Case of Ca RMT status post 3 cycles of NACT followed by chemotherapy and radiotherapy**

**completed 2014.**

Heterogeneously enhancing soft tissue density mass lesion noted left retromandibular trigone extending along

the left oropharynx into the tonsillar fossa and extending up to left pyriform sinus. There is asymmetry of right

pyriform sinus .

Enlarged necrosed heterogeneous enhancing conglomerate lymphadenodes noted left level IB & II abutting the

left common carotid artery however flow is maintained.

Small lymphnodes noted right level IB & II .

Mucosal opacification noted left maxillary sinus.

Left lobe thyroid show 1.9x1.3cm nodule.

Mediastinal vasculature appears normal.

Hilum appears normal.

A 5x5mm suspicious pulmonary nodule noted left lung lower lobe. Another tiny nodules which is too small to

characterized noted right lower lobe .

No evidence of pleural effusion.

**Impression:**

• **Heterogeneous enhancing soft tissue density mass lesion noted retromandibular trigone .**

• **Discrete conglomerate necrosed lymphnodes noted**

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 07/05/2014

**Received on :** 07/05/2014

**Reported Date :** 14/05/2014

**Clinical Impression :**

Carcinoma (L) RMT , S/p CTRT

**Gross Description :**

Received in formalin are 4 specimens. The I specimen labelled as "WLE + Right segmental mandibulectomy +

right intrastructure maxillectomy", consists of the same. Whole measuring 12x6x7cm. skin measuring 13x12cm.

Raw area is inked. There is an ulceroproliferative growth seen in the retromolar region extending to the buccal

mucosa superiorly involving the mucosa of the maxilla and also extending towards the oropharynx. Lesion also

involves the tongue. The lesion measures 5.5x6x5cm. Lesion seems to involve the mandible. Depth of invasion

is 2.5 cm. The lesion is 1.8cm from the postromedial margin (oropharynx) 7cm from the posterior soft tissue

margin, 1.6cm from the postro superior mucosal margin (maxilla). The lesion grossly involved medial superior

mucosal margin (maxilla). The lesion is 4cm from the anterior superior mucosal margin (maxilla), 3cm from the

mucosal margin of lip, 3cm from anterior bony margin and 7 cm from posterior bony margin, 6cm from inferior

soft tissue margin, 2cm from superior soft tissue margin, 5cm from anterior soft tissue margin, 5cm from medial

soft tissue margin, 4cm from anterior skin margin, 5.5cm from inferior skin, 5.5cm from superior skin, 8.5cm

from posterior skin margin. Representative sections are submitted as follows:-

A1 - Anterior skin

A2 - Anterior mucosal margin (lip)

A3toA7 is superior mucosal margin(maxilla)

A3 - Anterior

A4 - A5 - Middle with tumor

A6 - A7 - Posterior soft tissue

A8 - Maxillary sinus

A9 to A12 is medial mucosal margin

A9 - Floor or mouth

A10-A11 - Medial

A12 - Posterior

A13 - Anterior soft tissue margin

A14-A15 superior soft tissue margin

A14 - Anterior

A15 - A16 - Middle

A17-A18 - Posterior soft tissue margin

A19 to A22 is inferior soft tissue margin

A19 - Anterior

A20-A21 - Middle

A22 - Posterior

A23-A26 - Superior skin

A27-A28 - Posterior skin

A29 - A32 - Inferior skin

A33 - A35 - From tumor

A36 - Lesion on the tongue surface

AFB1-Ant. bony margin mandible

AFB2 -Posterior bony margin mandible

AFB3- maxilla

AFB4, 5- Lesion with mandible

Specimen II labelled as "Left RND", consists of soft tissue mass measures 6x4x2.3cm. Multiple lymph nodes

identified measures 0.5cm in greater dimension. Representative sections are submitted in B1 - B11 cassettes.

Specimen III labelled as "Level I", consists of fibrofatty tissue measures 3x2x1cm. One tiny lymph node

identified measures 0.5cm in greater dimension. Entire specimen submitted in C1 - C4 cassettes.

Specimen IV labelled as "Infra parotid node", consists of fibrofatty tissue measures 0.8x0.4x0.2cm. Entire

specimen submitted in cassette D.

**Microscopy and Impression :**

A) WLE + Left segmental mandibulectomy + left infrastructure maxillectomy+

Left RND+ Level I + infraparotid lymphnode (Post CTRT status):-

- Squamous cell carcinoma, poorly differentiated, left retromolar trigone

- Tumor measures 6x5.5x5cm

- Depth of invasion 2.5cm

- Margins involved :-

-Mucosal margins involved - Antero superior on maxilla, postero superior

on maxilla, postero medial margin of tongue

- Soft tissue margins involved - Soft tissue of maxilla, supero posterior soft

tissue of maxilla, inferior soft tissue margins.

- All other margins are free

- Tumour infiltrate mandible, Bony margin of mandible - free

- PNI seen extensively, no LVE seen

B) Left RND: 12 lymph nodes - all are free of tumor

C) Level I : 2 lymph nodes - free of tumor

D) Infraparotid lymphnode - Free of tumor

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

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| **Date of Discharge :**22/05/2014 |

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

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| **DIAGNOSIS :** |
| Recurrent Carcinoma Left RMT with neck metastasis |

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| **PROCEDURE DONE :** |
| Composite resection of left RMT lesion + Left Radical Neck Dissection + PMMC flap + DP flap reconstruction + SSG + Tracheostomy on 6-05-2014 under GA |

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| **HISTORY :** |
| 63 year old Mr. Abdul Azeez is a case of carcinoma left RMT, he received 3 cycles of NACT followed by CTRT (Weekly chemo) completed in Feb 2014. Now with residual lesion in left side RMT region. Came here for further managememt. MDCT scan done showed Heterogeneous enhancing soft tissue density mass lesion noted retromandibular trigone . Discrete conglomerate necrosed lymphnodes with suspicious left pulmonary nodule. His case was discussed in Head and Neck tumour board and planned for surgery. Admitted for surgery |

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| **CLINICAL EXAMINATION :** |
| O/E- 6X4 cms proliferative growth in left RMT aqbutting both upper and lower alveolus and buccal mucosa Mouth opening - 2 finger BOT and rest of oral cavity- Normal Neck- Swelling + in left suibmandibular region measuring 3X2 cms. Skin over cheeck seems to be indurated, no frank lesion in skin |

**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** |
| 07/05/2014 | 13.9 | 42.2 | 244 | 30.9 | 97.6 | 1.2 | 0.0 | - |
| 08/05/2014 | 10.2 | 30.6 | 158 | 19.9 | 93.6 | 2.9 | 0.0 | - |
| 15/05/2014 | 9.7 | 29.3 | 186 | 10.6 | 87.2 | 6.0 | 0.3 | - |
| 18/05/2014 | 8.9 | 26.9 | 216 | 9.0 | 86.5 | 6.3 | 0.8 | - |
| 20/05/2014 | 10.5 | 31.4 | 299 | 11.4 | 85.4 | 7.5 | 0.3 | - |

**Renal Function Test and Serum Electrolytes:**

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| **Date:** | **Urea: mg/dl** | **Creatinine: mg/dl** | **Na+: mEq/L** | **K+: mEq/L** |
| 07/05/2014 | - | - | 132.4 | 4.0 |
| 15/05/2014 | 16.4 | 0.71 | - | - |
| 16/05/2014 | - | - | 130.0 | 3.2 |
| 18/05/2014 | 19.2 | 0.86 | 139.8 | 3.2 |

Date: 20/05/2014

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| CRP (C-reactive protein) : 34.1 mg/L | RBC-COUNT-Blood : 3.51 M/uL |

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| MCV-Blood : 89.6 fL | MCH-Blood : 29.9 pg |

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| MCHC-Blood : 33.4 g/dl | RDW-Blood : 15.7 % |

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| MPV-Blood : 6.3 fL | MONO -Blood : 6.6 % |

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| BASO-Blood : 0.2 % |  |

Date: 18/05/2014

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| RBC-COUNT-Blood : 3.01 M/uL | MCV-Blood : 89.5 fL |

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| MCH-Blood : 29.7 pg | MCHC-Blood : 33.2 g/dl |

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| RDW-Blood : 15.3 % | MPV-Blood : 6.3 fL |

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| MONO -Blood : 6.4 % | BASO-Blood : 0.0 % |

Date: 16/05/2014

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| CRP (C-reactive protein) : 69.2 mg/L |  |

Date: 15/05/2014

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| RBC-COUNT-Blood : 3.28 M/uL | MCV-Blood : 89.2 fL |

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| MCH-Blood : 29.6 pg | MCHC-Blood : 33.2 g/dl |

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| RDW-Blood : 15.2 % | MPV-Blood : 6.2 fL |

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| MONO -Blood : 6.5 % | BASO-Blood : 0.0 % |

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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 : 1.010 NONE |

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| Blood [Urine] : Neg 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) : 1-2Puscells/HPF | Color-urine : Straw |

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| Clarity-urine : Clear |  |

Date: 08/05/2014

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| RBC-COUNT-Blood : 3.38 M/uL | MCV-Blood : 90.5 fL |

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| MCH-Blood : 30.0 pg | MCHC-Blood : 33.2 g/dl |

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| RDW-Blood : 15.3 % | MPV-Blood : 6.0 fL |

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| MONO -Blood : 3.5 % | BASO-Blood : 0.0 % |

Date: 07/05/2014

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| RBC-COUNT-Blood : 4.67 M/uL | MCV-Blood : 90.3 fL |

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| MCH-Blood : 29.8 pg | MCHC-Blood : 33.0 g/dl |

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| RDW-Blood : 15.2 % | MPV-Blood : 6.0 fL |

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| MONO -Blood : 1.2 % | BASO-Blood : 0.0 % |

Date: 05/05/2014

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

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| CreatedDate:12/04/2014 Study Done: MDCT NECK - CONTRAST WITH CHEST Clinical info: Case of Ca RMT status post 3 cycles of NACT followed by chemotherapy and radiotherapy completed 2014. Heterogeneously enhancing soft tissue density mass lesion noted left retromandibular trigone extending along the left oropharynx into the tonsillar fossa and extending up to left pyriform sinus. There is asymmetry of right pyriform sinus . Enlarged necrosed heterogeneous enhancing conglomerate lymphadenodes noted left level IB & II abutting the left common carotid artery however flow is maintained. Small lymphnodes noted right level IB & II . Mucosal opacification noted left maxillary sinus. Left lobe thyroid show 1.9x1.3cm nodule. Mediastinal vasculature appears normal. Hilum appears normal. A 5x5mm suspicious pulmonary nodule noted left lung lower lobe. Another tiny nodules which is too small to characterized noted right lower lobe . No evidence of pleural effusion.　 Impression: Heterogeneous enhancing soft tissue density mass lesion noted retromandibular trigone . Discrete conglomerate necrosed lymphnodes noted. Suspicious left pulmonary nodule. |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| The patient was admitted and after all preliminary investigations and evaluation he was taken up for surgery. He underwent Composite resection of left head and neck region + Left Radical Neck Dissection + PMMC flap + DP flap reconstruction + SSG + Tracheostomy on 6-05-2014 under GA. Postoperatively he had chest infection, pulmonology consultation was sought and started on IV antibiotics based on the culture sensitivity report. Condition at discharge: Stable, afebrile, PEG Feeds,tracheostomy tube insitu. |

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| **OPERATIVE FINDINGS :** |
| Surgery: Composite resection of left head and neck region + Left RND + PMMC flap + DP flap + SSG + Tracheostomy Diagnosis: Recurrent Ca Left RMT with neck metastasis Findings: Left RMT tumor extending to soft palate above and mandible below and continuous with enlarged LN in the neck infiltrating IJV, SCM and compressing the carotids, extending to the lateral border of tongue medially and with some cutaneous nodules on the cheek extending till the left lower lip area. Procedure: A large area of skin over the left cheek to include all the indurated areas and skin nodules extending to the neck where the LN were stuck was incised into, the lateral border of tongue and posterior segmental mandibulotomy cuts made. Superiorly infrastructure maxillectomy done on the left side. A transverse incision made in the neck at the lower end of the skin incision marked previously and the LN mass dissected off the carotids after ligating and dividing the IJV and dividing the SCM. RND was completed and the specimen removed as a whole. Neck levels - 3 and 4 removed seperately. Left PMMC and a large Left DP flap raised and after tunnelling the PMMC was inset to form the new lining of the buccal mucosa. DP was used to cover the external skin defect. The raw areas on the left chest wall was covered withh SSG harvested from the thigh after meshing it.Wounds closed over suction drains. Tracheostomy done. Hemostasis secured Date :06/05/2014 Procedure done :Upper GI Endoscopy Medications : Topical : Xylocaine Viscous Indication for procedure :PEG insertion Instrument :Olympus Findings and comments Panendoscopy showed normal esophageal, gastric and duodenal mucosa till D2. A 24 Fr PEG tube was inserted by pull technique. Impression/Recommendation PEG tube insertion done |

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| **ADVICE ON DISCHARGE :** |
| Review after two weeks in Head and Neck OPD(Dr.SI) Review on the day in Pulmonology OPD with CBC,chest x-ray and CRP Maintain oral hygeine |

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| **DIET RECOMMENDATIONS :** |
| PEG FEEDS (2.5 litres/day) |

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| **DISCHARGE MEDICATION :** |
| Tab. Taxim O 200 mg 1-0-1 x 7 days Tab. Deriphylline R 150 mg 1-0-1 x 7 days Syp. Ascoril 1 tsp 1-1-1 x 1 week Tab. Dolo 650 mg SOS for pain Tab. Pan 20 mg 1-0-1 x 7 days Neosporin ointment for local application Hexidine mouth gargles fourth hourly Tab. Quetipine 25 mg HS x 5 days |

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| 14/04/2014 |

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| **ProgressNotes :**  Case of ca left RMT s/p 3 cycles of NACT followed by CTRT (Weekly chemo) completed in Feb 2014  Now with residual lesion in left side RMT region  O/E- 6X4 cms proliferative growth + in left RMT aqbutting both upper and lower alveolus and buccal mucosa  MO- 2 finger  BOT and rest of oral cavity- Normal  Neck- Swelling + in left suibmandibular region measuring 3X2 cms. Skin over cheeck seems to be indurated,  no frank lesion in skin  MDCT Head Neck And Chest:-  Heterogeneous enhancing soft tissue density mass lesion noted retromandibular trigone .  Discrete conglomerate necrosed lymphnodes noted.  Suspicious left pulmonary nodule.  PAC done  Pain and palliative consult  plan: surgery- segmemntal mandibulectomy + alveolectomy+ wle with skin + nd + STF  pt represented by relatives for date for surgery  CT s/o suspicious pulmonary nodule  **Progress Notes**  **Date : 06/06/2014**  **ProgressNotes :**  Recurrent Carcinoma Left RMT with neck metastasis  PROCEDURE DONE :  Composite resection of left RMT lesion + Left Radical Neck Dissection + PMMC flap + DP flap  reconstruction + SSG + Tracheostomy on 6-05-2014 under GA  Post op 1 month  Pt c/o generalised weakness  O/E- wound gaping + DP flap with slough in posterior part  Oral cavity- PMMC flap sloughed  MO- 2 finger  PMMC donar site- Healing well  Adv-  do regular dressings  Tab Gabapentin 100 mg 1-0-1  Tab Dolo 650 sos  improve nutrition  Ensure powder 2 tsp 1-0-1 |
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Ot notes

Surgery: Composite resection of left head and neck region + Left RND + PMMC flap + DP flap + SSG + Tracheostomy Diagnosis: Recurrent Ca Left RMT with neck metastasis Findings: Left RMT tumor extending to soft palate above and mandible below and continuous with enlarged LN in the neck infiltrating IJV, SCM and compressing the carotids, extending to the lateral border of tongue medially and with some cutaneous nodules on the cheek extending till the left lower lip area. Procedure: A large area of skin over the left cheek to include all the indurated areas and skin nodules extending to the neck where the LN were stuck was incised into, the lateral border of tongue and posterior segmental mandibulotomy cuts made. Superiorly infrastructure maxillectomy done on the left side. A transverse incision made in the neck at the lower end of the skin incision marked previously and the LN mass dissected off the carotids after ligating and dividing the IJV and dividing the SCM. RND was completed and the specimen removed as a whole. Neck levels - 3 and 4 removed seperately. Left PMMC and a large Left DP flap raised and after tunnelling the PMMC was inset to form the new lining of the buccal mucosa. DP was used to cover the external skin defect. The raw areas on the left chest wall was covered withh SSG harvested from the thigh after meshing it.Wounds closed over suction drains. Tracheostomy done. Hemostasis secured