**WHOLE BODY PET CT IMAGING REPORT**

**PROCEDURE :**

6.83 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 and IV Contrast (VISIPAQUE) given for CT study.

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

Fasting Blood Sugar: 152 mg / dl

**FINDINGS :**

PET FINDINGS:

\* Abnormal increased FDG uptake noted in soft tissue mass obliterating left

maxilla with destruction of the posterolateral and inferior wall of maxilla, extension of

the soft tissue into masticator space, also extending deep to the adjacent temporalis

muscle and to upper gingivobuccal sulcus (SUV Max 9.7).

\* Abnormal increased FDG uptake noted in the following lymph nodal stations:

a) Conglomerate soft tissue nodal mass involving left level II & III

(SUV Max 9.2). The left internal jugular vein is compressed and obliterated.

b) Another nodal mass involving left level 1b (SUV Max 6.2).

c) Discrete left level Ib (SUV Max 4.2), left level III (SUV Max 5.9)

and right level II (SUV Max 5.2).

\* No abnormal focal / diffuse FDG uptake seen in rest of lymph nodes, bilateral lungs,

liver, spleen & adrenal glands.

\* No abnormal FDG tracer uptake seen in rest skeleton imaged up to mid thigh.

\* 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:

\* Soft tissue mass approximately (2.8 x 2.1 cm) obliterating the right maxilla with

destruction of the posterolateral and inferior wall of maxilla. Extension of

the soft tissue into masticator space seen. There is extension deep to the adjacent

temporalis muscle. There is extension in to the upper gingivobuccal sulcus.

\* Lymph nodes seen at the following stations:

a) Large conglomerate soft tissue nodal mass (measuring 5.7 x 5.2 cm) involving

level II & III stations. The left internal jugular vein is compressed and

obliterated.

b) Another nodal mass involving left level Ib (measures 3.5 x 4 cm)

c) Discrete nodes left level III (measures 15 x 14 mm), left 1b (10 mm),

right level II 15 mm), Ia (8 mm), left level IV (7 mm) (FDG non-avid)

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

\* Common carotid artery appears normal.

Chest:

\* Areas of mosaic attenuates seen bilateral lungs, small patch of ground glass in right

middle lobe.

\* Right upper lobe paraseptal emphysematous changes seen.

\* Small subcentimetric right upper paratracheal, para-aortic (15 x 4 mm)

(FDG non-avid)

\* Distal esophagus is dilated with hiatal hernia.

\* Mediastinum is central.

\* Cardia and major vessels are normal. No pleural effusion.

Abdomen:

\* Right renal cortical cyst seen.

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

\* Adrenals, left kidney and urinary bladder appear normal.

\* No retroperitoneal mass lesion.

\* No significant lymph nodes.Contrast filled bowel loops are normal.

Bones: Degenerative changes of spine.

**CONCLUSION :**

\* FDG AVID SOFT TISSUE MASS OBLITERATING THE LEFT MAXILLA WITH

DESTRUCTION OF THE POSTEROLATERAL, INFERIOR WALL OF MAXILLA,

EXTENSION OF THE SOFT TISSUE INTO MASTICATOR SPACE, ALSO

EXTENDING DEEP TO THE ADJACENT TEMPORALIS MUSCLE AND TO

UPPER GINGIVOBUCCAL SULCUS

- METABOLICALLY ACTIVE PRIMARY MALIGNANCY OF LEFT MAXILLA / UPPER ALVEOLUS.

\* FDG AVID DISCREET LEFT LEVEL 1B, LEFT LEVEL III, RIGHT LEVEL II,

CONGLOMERATE SOFT TISSUE NODAL MASS INVOLVING LEFT LEVELS II

& III STATIONS WITH COMPRESSION AND OBLITERATION OF LEFT

INTERNAL JUGULAR VEIN AND ANOTHER NODAL MASS INVOLVING

LEFT LEVEL 1B LYMPH NODES

- METABOLICALLY ACTIVE LYMPH NODAL METASTASES.

\* NO FDG AVID DISTANT METASTATIC DEPOSITS.

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 01/03/2016

**Received on :** 01/03/2016

**Reported Date :** 04/03/2016

**Clinical Impression :**

Ca Maxilla

**Gross Description :**

Received in formalin are 12 specimens.

The Ist specimen labelled as "Near total maxillectomy (left) tagged short medial mucosal margin. Long lateral

soft tissue margin" consists of the maxilla with attached 2 teeth, whole measuring 7 x 5 x 3.5 cm. Alveolar

mucosa and hard palate shows infiltrating grey white lesion measuring 2.5 x 3 x 2 cm. The lesion distance of 2

cm from anterior mucosal margin, 1.5 cm from medial mucosal margin, 1.2 cm from posterior mucosal margin

and 1 cm from lateral mucosal margin. Representative sections are submitted as follows

A1 - Anterior mucosal margin

A2 - Medial mucosal margin

A3 - Posterior mucosal margin

A4 - Lesion with lateral mucosal margin (radial margin)

A5 - Superior soft tissue margin

A6 - Superior soft tissue margin

A7 - Lesion with lateral soft tissue margin

A9 - A11 - Lesion

A12 - Lesion with nasal turbinate

A13 - Lesion with nasal cartilage

FB1 - FB2 - Right lateral bony margin

FB3 - Anterior bony margin

FB4 - Posterior bony margin

FB5-8: tumor with bone

Specimen II labelled as "Left Radical neck dissection specimen, conglomerate mass involving level I B, II, III,

IV and V infiltrating IJV" consists of an irregular nodular mass measuring 8 x 7 x 6.5 cm. Cut surface shows

multiple lobulated grey white areas ranging from size 1 cm to 5 cm. Cut surface granular necrotic. Cut surface

also shows salivary gland measuring 4 x 1.5 x 1 cm. The lesion is seen infiltrating the gland. Representative

sections are submitted in cassettes B1 - B7.

Specimen III labelled as "Left parapharyngeal node" consists of and nodular fibrofatty tissue measuring 2 x 0.9 x

0.6 cm. Cut surface shows lymph node measuring 2 x 0.9 x 0.6 cm. Entire specimen submitted in cassette C.

Specimen IV labelled as "Level I A" consists of nodular fibrofatty tissue measuring 4.4 x 2.3 x 1.6 cm. 2 Lymph

nodes measuring 1 cm in greatest dimension. Cut surface shows homogenous grey white area. Second lymph

node measuring 0.3 cm in greatest dimension. Specimen submitted as follows

D1 - 1 Lymph node bisected and submitted

D2 - Second Lymph node

D3 - Fibrofatty tissue

Specimen V labelled as "Right level I B" consists of nodular fibrofatty tissue measuring 5.5 x 3.5 x 3 cm. Cut

surface shows salivary gland measuring 3.5 x 2.5 x 1.5 cm. Cut surface of salivary gland unremarkable. 1 Lymph

node identified measuring 2 cm in greatest dimension. specimen submitted as follows

E1 - 1 Lymph node

E2 - E3 - Salivary gland

Specimen VI labelled as "Right level II A" consists of nodular fibrofatty tissue measuring 4.5 x 2.3 x 1.6 cm. 2

Lymph nodes identified. Largest measuring 2 cm in greatest dimension. Smallest 1 measuring 0.4 cm in greatest

dimension. Cut surface of largest Lymph node shows grey white granular areas. Specimen submitted as follows

F1 - F3 - Largest lymph node

F4 - Smallest Lymph node

F5 - Fibrofatty tissue

Specimen VII labelled as "Right level II B" consists of nodular fibrofatty tissue measuring 1.7 x 1.5 x 1 cm.

Entire specimen submitted in cassettes G1 & G2

Specimen VIII labelled as "Right level III A" consists of fibrofatty tissue measuring 6 x 3 x 2 cm. 5 Lymph

nodes identified, largest node measuring 2.5 cm in greatest dimension. Smallest node measuring 1 cm in greatest

dimension. Specimen submitted as follows

H1 - 1 Lymph node

H2 - 2 Lymph nodes

H3 - 2 Lymph nodes

H4 ? - 1 Lymph node

Specimen IX labelled as "Additional lateral temporalis muscle" consists of muscular tissue bit measuring 1.8 x

1.0 x 0.6 cm. Entire specimen submitted in cassette J.

Specimen X labelled as "Mucosa of roof of maxillary sinus" consists of grey white to grey brown tissue bit

measuring 3 x 2 x 0.5 cm. Entire specimen submitted in cassette K1 & K2.

Specimen XI labelled as "Medial wall of maxilla" consists of membranous tissue with bond whole measuring 3

x 1.5 x 1 cm. Specimen submitted in cassettes L1 & L4.

Specimen XII labelled as "Left level IV Lymph node" consists of single Lymph node measuring 1 cm in greatest

dimension. Cut surface show grey white granular areas. Entire specimen submitted in cassette M.

**Microscopic Description :**

Type of specimen: Near total maxillectomy

Histological type: Sections show mucosa with an infiltrating Moderately differentiated Squamous cell

carcinoma. The tumor cells are seen arranged in netsts, cords and scattered singlt. Brisk mitoses, keratin pearls,

stromal desmoplasia and secondary chronic inflammation are present. Invasive front: Cohesive. Tumor size:

2.5x3x2cm

Maximum depth of invasion: 2cm. Vascular, nerve invasion and skeletal muscle invasion - present. Bone

invasion- Present. Tumor infiltrates the nasal mucosa. WPOI: 4

Margins: The tumor is 2cm from anterior, 1.5cm fro medial, 0.6cm form lateral, 1.2cm fro posterior margins.

Anterior, posterior and lateral bone margins - Free of tumor.

Lymph nodes:

"Left RND specimen":

Conglomerate lymph node mass: Shows metastatic carcinoma.

Size of the lymph node mass:

Periodal tumor deposit- present.

Adjacent salivary gland, free of tumor.

The tumor infiltrates the adjacent adventitia of vein, and skeletal muscle.

"Left parapharyngeal node": Shows nerve bundle with ganglion cells, free of tumor. There are no lymph nodes in

the sections examined.

"Level IA": Two lymph nodes with metastatic carcinoma.

Size of the largest lymph node with metastasis: 0.7cm

Periodal tumor deposit- present.

"Right level IB": Four lymph nodes with metastatic carcinoma.

Size of the largest lymph node with metastasis: 1cm

Periodal tumor deposit- present.

Adjacent salivary gland with no significant lesion.

"Right level IIA": 1/3 lymph nodes with metastatic carcinoma.

Size of the largest lymph node with metastasis: 2cm

Periodal tumor deposit- present.

"Right level IIB": Fibroadipos etissue with tumor deposits, adjacent two lymph nodes, free of tumor.

"Right level IIIA": Seven lymph nodes, free of tumor.

"Additional lateral temporalis muscle- skeletal muscle, free of tumor.

"Roof of maxillary sinus": Shows mucosa lined by respiratory epithelium with underlying dense chronic

inflammation, free of tumor.

"Medial wall of maxilla": Shows mucosa infiltrated by tumor and fragments of bone, free of tumor.

"Left level IV": One lymph node with metastatic carcinoma.

Size of the largest lymph node with metastasis: 1cm

Periodal tumor deposit- present.

pTNM stage: pT4aN2c

**Diagnosis :**

Type of specimen: Near total maxillectomy

Histological type: Squamous cell carcinoma

Differentiation : Moderate

Invasive front: Cohesive

Tumor size: 2.5x3x2cm

Maximum depth of invasion: 2cm

Vascular invasion- present

Nerve invasion -present

Skeletal muscle invasion - present

Bone invasion- Present

WPOI: 4

Margins: The tumor is 2cm fro anterior, 1.5cm from medial, 0.6cm form lateral, 1.2cm fro posterior margins.

Anterior, posterior and lateral bone margins - Free of tumor.

Lymph nodes:

"Left RND specimen":

Conglomerate lymph node mass: Shows metastatic carcinoma.

Size of the lymph node mass:

Periodal tumor deposit- present.

Adjacent salivary gland, free of tumor.

The tumor infiltrates the adjacent adventitia of vein, and skeletal muscle.

"Left parapharyngeal node": Shows nerve bundle with ganglion cells, free of tumor. There are no lymph nodes in

the sections examined.

"Level IA": Two lymph nodes with metastatic carcinoma.

Size of the largest lymph node with metastasis: 0.7cm

Periodal tumor deposit- present.

"Right level IB": Four lymph nodes with metastatic carcinoma.

Size of the largest lymph node with metastasis: 1cm

Periodal tumor deposit- present.

Adjacent salivary gland with no significant lesion.

"Right level IIA": 1/3 lymph nodes with metastatic carcinoma.

Size of the largest lymph node with metastasis: 2cm

Periodal tumor deposit- present.

"Right level IIB": Fibroadipose tissue with tumor deposits, adjacent two lymph nodes, free of tumor.

"Right level IIIA": Seven lymph nodes, free of tumor.

"Additional lateral temporalis muscle- skeletal muscle, free of tumor.

"Roof of maxillary sinus": Shows mucosa lined by respiratory epithelium with underlying dense chronic

inflammation, free of tumor.

"Medial wall of maxilla": Shows mucosa infiltrated by tumor and fragments of bone, free of tumor.

"Left level IV": One lymph node with metastatic carcinoma.

Size of the largest lymph node with metastasis: 1cm

Periodal tumor deposit- present.

pTNM stage: pT4aN2c

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| **Date of Admission :**19/02/2016 | **Date of Procedure :**01/03/2016 |

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| **Date of Discharge :**12/03/2016 |

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

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| **DIAGNOSIS :** |
| CA UPPER ALVEOLUS |

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| **PROCEDURE DONE :** |
| 1.3.2016 Partial maxillectomy + left RND + right SND + SSG for maxilalry cavity + tracheotomy under GA |

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| **HISTORY :** |
| C/O Ulcer in the oral cavity since 2 months Left side posterior neck swelling since 2 months Smoker for last 20 yrs, now on abstinence Tobacco chewer and still continuing Alchohol+ K/c/O Asthma on medication. Diabetic not on any medication No H/O Hypertension Was evaluated for the same in medical college hospital , Calicut BIopsy from oral cavity 11/2/2016: MDSCC FNAC from the node 4/2/16: Fluid background showing scattered mature squamous cells, no atypia seen. CECT PNS&NECK 6/2/16: Enhancing Soft tissue seen in left maxillary sinus causing complete opacification. Erosion of lateral wall noted with outward extension of soft tissue. No extension seen to orbit. Erosion of inferior wall of maxillary sinus in the posterior aspect with minimal soft tissue extension into postero-upper GB sulcus. Erosion of alveolar bone in posterior part noted.? Ca Maxilla. 5.4x4.6 necrotic lymph node seen in left level II, III beneath STM 2.5x2.2 cm large lymph node in left level IB |

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| **CLINICAL EXAMINATION :** |
| A 2x2 cm ulceroinfiltrative growth present involving the left upper alveolus and hard palate extending anteriorly upto 2nd molar, 1.5 cm from midline, laterally just reaching the GB sulcus Mouth Opening adequate. Neck: 7x5 cm hard, fixed conglomerate nodal mass palpable in the left level II/III/V. Laryngoscopy: NED |

**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** |
| 22/02/2016 | 11.2 | 32.7 | 382 | 22.3 | 88.8 | 6.6 | 0.0 | - |
| 01/03/2016 | 10.6 | 31.2 | 231 | 18.7 | 93.1 | 3.19 | .050 | - |
| 02/03/2016 | 9.2 | 26.4 | 256 | 20.5 | 90.0 | 3.2 | 0.0 | - |
| 03/03/2016 | 10.6 | 31.3 | 246 | 22.0 | 87.1 | 7.03 | .190 | - |
| 07/03/2016 | 11.8 | 34.2 | 328 | 13.6 | 78.8 | 8.4 | 1.7 | - |

**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** |
| 19/02/2016 | 0.77 | 0.18 | 29.3 | 23.6 | 88.0 | 8.28 | 3.94 | 4.3 |
| 22/02/2016 | 0.39 | 0.07 | 43.3 | 26.2 | 66.2 | 6.09 | 3.11 | 3.0 |

**Renal Function Test and Serum Electrolytes:**

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| **Date:** | **Urea: mg/dl** | **Creatinine: mg/dl** | **Na+: mEq/L** | **K+: mEq/L** |
| 19/02/2016 | 21.6 | 1.29 | - | - |
| 22/02/2016 | 52.4 | 1.24 | 142.6 | 3.7 |
| 01/03/2016 | 29.1 | 1.14 | 135.1 | 3.7 |
| 04/03/2016 | 35.1 | 0.92 | 131.0 | 3.3 |
| 06/03/2016 | - | - | 127.7 | 3.1 |
| 10/03/2016 | - | - | 130.8 | 3.4 |

Date: 08/03/2016

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| CRP (C-reactive protein) : 113.72 mg/L |  |

Date: 07/03/2016

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| CRP (C-reactive protein) : 97.1 mg/L | RBC-COUNT-Blood : 3.91 M/uL |

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| MCV-Blood : 87.4 fL | MCH-Blood : 30.1 pg |

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| MCHC-Blood : 34.4 g/dl | RDW-Blood : 15.0 % |

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| MPV-Blood : 6.9 fL | MONO -Blood : 10.8 % |

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| BASO-Blood : 0.3 % |  |

Date: 03/03/2016

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| hs Troponin I : 0.028 ng/ml | Creatine kinase (CK), Total-Serum : 245.4 U/L |

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| Creatine kinase (CK), MB frac : 25.3 U/L | BNP(B type Natriuretic Peptide) : 153.6 pg/ml |

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| RBC-COUNT-Blood : 3.66 M/uL | MCV-Blood : 85.5 fL |

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| MCH-Blood : 29.0 pg | MCHC-Blood : 33.9 g/dl |

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| RDW-Blood : 11.9 % | MPV-Blood : 5.20 fL |

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| MONO -Blood : 5.39 % | BASO-Blood : .271 % |

Date: 02/03/2016

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| hs Troponin I : 0.016 ng/ml | Compatibility test; cross match complete (3 tests) : Compatible |

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| Compatibility test; cross match complete (3 tests) : Compatible | hs Troponin I : 0.011 ng/ml |

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| RBC-COUNT-Blood : 3.04 M/uL | MCV-Blood : 87.0 fL |

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| MCH-Blood : 30.3 pg | MCHC-Blood : 34.9 g/dl |

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| RDW-Blood : 14.6 % | MPV-Blood : 7.2 fL |

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| MONO -Blood : 6.8 % | BASO-Blood : 0.0 % |

Date: 01/03/2016

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| PT[Prothrombin Time with INR]-Plasma : 19.2/14.60/1.38 sec | RBC-COUNT-Blood : 3.64 M/uL |

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| MCV-Blood : 85.8 fL | MCH-Blood : 29.0 pg |

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| MCHC-Blood : 33.8 g/dl | RDW-Blood : 12.3 % |

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| MPV-Blood : 4.96 fL | MONO -Blood : 3.34 % |

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| BASO-Blood : .281 % | Glucose [F]-Plasma : 130.5 mg/dl |

Date: 29/02/2016

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

Date: 25/02/2016

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| Glucose [F]-Plasma : 119.8 mg/dl |  |

Date: 24/02/2016

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| Glucose [F]-Plasma : 127.7 mg/dl |  |

Date: 22/02/2016

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| Glucose [R]-Plasma : 132.8 mg/dl | CRP (C-reactive protein) : 3.4 mg/L |

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| RBC-COUNT-Blood : 3.71 M/uL | MCV-Blood : 88.2 fL |

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| MCH-Blood : 30.2 pg | MCHC-Blood : 34.2 g/dl |

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| RDW-Blood : 14.5 % | MPV-Blood : 6.6 fL |

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| MONO -Blood : 4.4 % | BASO-Blood : 0.2 % |

Date: 21/02/2016

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| Glucose [F]-Plasma : 226.4 mg/dl |  |

Date: 20/02/2016

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| Glucose [Urine] : 3+ mg/dl | Bilirubin [Urine] : Negative umol/L |

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| Ketone [Urine] : Negative mmol/L | Specific Gravity-urine : 1.015 NONE |

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| Blood [Urine] : Trace EU | Urobillinogen-urine : Normal umol/L |

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| Urine pH : <=5.0 NONE | Nitrite-urine : Negative |

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| Clarity-urine : Clear | Color-urine : Light Yellow |

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| Leucocytes-urine : Negative | Pus Cells : 0-2 HPF NONE |

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| Urine Protein : Negative | Hyaline Cast : NIL |

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| Red Blood Cell : 6-8 HPF NONE | Epithelial cells : OCCA |

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| Trichomonad : ABSENT | Granular Cast : NIL |

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| Calcium Oxalate : NIL | Bacteria Urine : ABSENT |

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| Amorphous phosphate : NIL | Uric acid crystals : NIL |

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| Mucus : PRESENT | Yeast cells : NIL |

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| Triple Phosphate : NIL | Other sediment findings : NIL |

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| Glucose [F]-Plasma : 295.5 mg/dl |  |

Date: 19/02/2016

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| Magnesium : 2.2 mg/dl | HB A1C[Glycated Hemoglobin]Whole Blood : 6.5 % |

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| 24/02/2016 Scan Number :NM WB PET CT 14007 Clinical Indication :Carcinoma maxilla / upper alveolus - For evaluation. WHOLE BODY PET CT IMAGING REPORT PROCEDURE : 6.83 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 and IV Contrast (VISIPAQUE) given for CT study. Standardized Uptake Value (SUV) calculated for body weight and expressed as g/ml. Fasting Blood Sugar: 152 mg / dl FINDINGS : PET FINDINGS: \* Abnormal increased FDG uptake noted in soft tissue mass obliterating left maxilla with destruction of the posterolateral and inferior wall of maxilla, extension of the soft tissue into masticator space, also extending deep to the adjacent temporalis muscle and to upper gingivobuccal sulcus (SUV Max 9.7). \* Abnormal increased FDG uptake noted in the following lymph nodal stations: a) Conglomerate soft tissue nodal mass involving left level II & III (SUV Max 9.2). The left internal jugular vein is compressed and obliterated. b) Another nodal mass involving left level 1b (SUV Max 6.2). c) Discrete left level Ib (SUV Max 4.2), left level III (SUV Max 5.9) and right level II (SUV Max 5.2). \* No abnormal focal / diffuse FDG uptake seen in rest of lymph nodes, bilateral lungs, liver, spleen & adrenal glands. \* No abnormal FDG tracer uptake seen in rest skeleton imaged up to mid thigh. \* 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: \* Soft tissue mass approximately (2.8 x 2.1 cm) obliterating the right maxilla with destruction of the posterolateral and inferior wall of maxilla. Extension of the soft tissue into masticator space seen. There is extension deep to the adjacent temporalis muscle. There is extension in to the upper gingivobuccal sulcus. \* Lymph nodes seen at the following stations: a) Large conglomerate soft tissue nodal mass (measuring 5.7 x 5.2 cm) involving level II & III stations. The left internal jugular vein is compressed and obliterated. b) Another nodal mass involving left level Ib (measures 3.5 x 4 cm) c) Discrete nodes left level III (measures 15 x 14 mm), left 1b (10 mm), right level II 15 mm), Ia (8 mm), left level IV (7 mm) (FDG non-avid) \* Oropharynx, nasopharynx, laryngopharynx and thyroid gland appear normal. \* Common carotid artery appears normal. Chest: \* Areas of mosaic attenuates seen bilateral lungs, small patch of ground glass in right middle lobe. \* Right upper lobe paraseptal emphysematous changes seen. \* Small subcentimetric right upper paratracheal, para-aortic (15 x 4 mm) (FDG non-avid) \* Distal esophagus is dilated with hiatal hernia. \* Mediastinum is central. \* Cardia and major vessels are normal. No pleural effusion. Abdomen: \* Right renal cortical cyst seen. \* Liver, gall bladder, spleen and pancreas appear normal. \* Adrenals, left kidney and urinary bladder appear normal. \* No retroperitoneal mass lesion. \* No significant lymph nodes.Contrast filled bowel loops are normal. Bones: Degenerative changes of spine. CONCLUSION : \* FDG AVID SOFT TISSUE MASS OBLITERATING THE LEFT MAXILLA WITH DESTRUCTION OF THE POSTEROLATERAL, INFERIOR WALL OF MAXILLA, EXTENSION OF THE SOFT TISSUE INTO MASTICATOR SPACE, ALSO EXTENDING DEEP TO THE ADJACENT TEMPORALIS MUSCLE AND TO UPPER GINGIVOBUCCAL SULCUS - METABOLICALLY ACTIVE PRIMARY MALIGNANCY OF LEFT MAXILLA / UPPER ALVEOLUS. \* FDG AVID DISCREET LEFT LEVEL 1B, LEFT LEVEL III, RIGHT LEVEL II, CONGLOMERATE SOFT TISSUE NODAL MASS INVOLVING LEFT LEVELS II & III STATIONS WITH COMPRESSION AND OBLITERATION OF LEFT INTERNAL JUGULAR VEIN AND ANOTHER NODAL MASS INVOLVING LEFT LEVEL 1B LYMPH NODES - METABOLICALLY ACTIVE LYMPH NODAL METASTASES. \* NO FDG AVID DISTANT METASTATIC DEPOSITS. |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| case ca left upper alveolus , was discussed in rtumour board and planned for Partial maxillectomy + left RND + right SND + STF. Partial maxillectomy + left RND + right SND + SSG for maxilalry cavity DONE UNDER ga ON 01.3.16. Due to reactive airway disease patient could not be decannulated. patient fit for discharge with ryle s tube and tracheostomy tube. palnned |

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| **OPERATIVE FINDINGS :** |
| 1.3.2016 Diagnosis: Ca.left buccal mucosa with bilateral cervical lymph nodes Surgery: Partial maxillectomy + left RND + right SND + SSG for maxilalry cavity + tracheotomy Findings: 1. 6 x 5 cms large necrotic node in the left upper level IIa,IIb,III with involvement of the IJV, SCM and minimal adherence to the prevertebral muscles 2. Multiple hard prefacial nodes above the mandible engulfing the facial artery and vein and marginal nerve 3. Left hypoglossal nerve engulfed with the tumour 4. 3 x 2 cms infiltrative lesion in the left posterior palate extending to the floor of the maxillary sinus and the temporalis muscle laterally. Rest of the walls of maxilla free Under GA Transverse neck incision with a vertical limb to the clavicle Neck flaps raised Left RND done with sacrifice of the IJV, SCM, SAN and hypoglossal nerve. Right SND done(pre op FNAC positive right level II node) Weber fergusson incision with sub ciliary extension Chek flaps elevated to the zygoma and lateral maxilla Canine preserved on the left side. Orbital contents elevated Palatal mucosal cuts made Partial maxillectomy done with osteotomy through the premolar socket, pyriform aperture, below infra orbital rim, lateral through zygoma and posterior dysjunction Soft tissue margin included temporalis and masseter muscle Maxillary sinus mucosa sent as a seperate specimen SSG harvested from the left thigh SSg placed over the inner aspect of the cheek flap Obturator placed after filling the cavity with a medicated ribbon gauze face closed with 4-0 vicryl and 5-0 nylon Neck with 3-0 vicryl and 4-0 nylon Tracheostomy with 8 portex |

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| **ADVICE ON DISCHARGE :** |
| adjuvant CTRT |
| **WHEN TO OBTAIN URGENT CARE:** | |
| review to nearest hospital if breathing difficulty occurs. | |

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| **DIET RECOMMENDATIONS :** |
| ryle s tube feeding 2.5 ltr/ day |

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

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| **DISCHARGE MEDICATION :** |
| tab amlong 5mg od via RT tab pan 40mg 1-0-0 for 5 days via RT tab dolo 650mg 1-1-1 for 5 days via RT tab augmentin 625 mg 1-1-1 for 10 days via RT tab mucinac 600mg 1-0-1 for 14 days via RT tab clarithromycin 500MG 1-0-1 For 7 days via RT steam inhalation via tracheastomy 1-1-1 |

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| **PLAN ON DISCHARGE :** |
| adjuvant CTRT (wants to take at BMH, Calicut) review to head and neck OPD on 23.3.16 (DR SI) review to endocrine OPD with FBS/PPBS on 23.3.16 review in pulmonology OPD on 23.3.16 with CXR |

**Tumour Board Discussion**

**Date of tumor board discussion :** 17/02/2016

**Relevant clinical details :**

C/O Ulcer in the oral cavity since 2 months Left side posterior neck swelling since 2 months Smoker for last 20

yrs, now on abstinence Tobacco chewer and still continuing Alchohol+ K/c/O Asthma on medication. Diabetic

not on any medication No H/O Hypertension Was evaluated for the same in medical college hospital , Calicut

BIopsy from oral cavity 11/2/2016: MDSCC FNAC from the node 4/2/16: Fluid background showing scattered

mature squamous cells, no atypia seen. CECT PNS&NECK 6/2/16: Enhancing Soft tissue seen in left maxillary

sinus causing complete opacification. Erosion of lateral wall noted with outward extension of soft tissue. No

extension seen to orbit. Erosion of inferior wall of maxillary sinus in the posterior aspect with minimal soft tissue

extension into postero-upper GB sulcus. Erosion of alveolar bone in posterior part noted.? Ca Maxilla. 5.4x4.6

necrotic lymph node seen in left level II, III beneath STM 2.5x2.2 cm large lymph node in left level IB

**Surgery / other procedures :**

A 2x2 cm ulceroinfiltrative growth present involving the left upper alveolus and hard palate extending anteriorly

upto 2nd molar, 1.5 cm from midline, laterally just reaching the GB sulcus Mouth Opening adequate. Neck: 7x5

cm hard, fixed conglomerate nodal mass palpable in the left level II/III/V. Laryngoscopy: NED

**Agreed Plan of management :**

Nasal endoscopy to evaluate possibility of primary in nasopharynx

PET CT with contrast to look for second primary causing large nodal deposits

WLE+total maxillectomy+ND+STF

**Progress Notes**

**Date : 15/02/2016**

**ProgressNotes :**

C/O Ulcer in the oral cavity since 2 months

Left side posterior neck swelling since 2 months

Smoker for last 20 yrs, now on abstinence

Tobacco chewer and still continuing

Alchohol+

K/c/O Asthma on medication.

Diabetic not on any medication

No H/O Hypertension

Was evaluated for the same in medical college hospital , Calicut

BIopsy from oral cavity 11/2/2016: MDSCC

FNAC from the node 4/2/16: Fluid background showing scattered mature squamous cells, no atypia seen.

CECT PNS&NECK 6/2/16: Enhancing Soft tissue seen in left maxillary sinus causing complete opacification.

Erosion of lateral wall noted with outward extension of soft tissue. No extension seen to orbit. Erosion of

inferior wall of maxillary sinus in the posterior aspect with minimal soft tissue extension into postero-upper

GB sulcus. Erosion of alveolar bone in posterior part noted.? Ca Maxilla.

5.4x4.6 necrotic lymph node seen in left level II, III beneath STM

2.5x2.2 cm large lymph node in left level IB.

O/E: O/C A 2x2 cm ulceroinfiltrative growth present involving the left upper alveolus and hard palate

extending anteriorly upto 2nd molar, 1.5 cm from midline, laterally just reaching the GB sulcus

Mouth Opening adequate.

Neck: 7x5 cm hard, fixed conglomerate nodal mass palpable in the left level II/III/V.

Laryngoscopy: NED

NASAL SCOPY: NED

T4 N3

ADV:Pulmonary medicine reference, PET scan, PAC,

WLE/Total maxillectomy/ND/STF

**Progress Notes**

**Date : 27/04/2016**

**ProgressNotes :**

proxy, Bystander came with photo/report

s/o ? skin nodule/ nodal recurrence at high level V

was advised Palliative chemo

discussed with iyer sir

adv: To go ahead with 3cycles of CT

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