**DEPARTMENT OF ORAL PATHOLOGY - SURGICAL PATHOLOGY REPORT**

**Type of Biopsy:** Excisional

**Site of Biopsy:** Left Buccal mucosa **Clinical Impression:** Recurrent malignancy

**Gross Description:**

Received a single bit of formalin fixed soft tissue specimen, creamy white in color, firm in consistency,

measuring 1x0.6x0.4cm. Cut into two halves and both the halves given for processing as A1 and A2.

**Microscopic Description:**

Multiple sections studied exhibit:

Hyperplastic hyperparakeratinised stratified squamous epithelium showing features of dysplasia.

Invasion of dysplastic epithelial cells can be seen in the form of islands into the underlying connective tissue

stroma.

These tumour cells show dysplastic features like vesicular nuclei, pleomorphism and individual cell

keratinisation.

Well formed keratin pearls are seen in many of the islands.

The tumor islands are seen invading the muscle bundles

Dense chronic inflammatory infiltrate composed of predominantly lymphocytes seen in the connective stroma

around the tumour islands.

**Impression:**

WELL DIFFERENTIATED SQUAMOUS CELL CARCINOMA

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 26/09/2018

**Received on :** 26/09/2018

**Reported Date :** 03/10/2018

**Clinical Impression :**

Recurrent carcinomal left buccal mucosa

**Gross Description :**

Received in formalin are 8 specimens.

The Ist specimen labelled "WLE left buccal mucosa "consists of the same tagged with double long superior at

double short anterior sutures, whole specimen measuring 4(AP)x2.8(SI)x0.8(ML)cm, An induration measuring

1x0.9cm noted. No gross extension into submucosa seen. The induration is seen abutting anterior mucosal / soft

tissue margin, 0.8cm from superior mucosal and soft tissue margin, 1.2cm from inferior soft tissue /mucosal

margin and 3cm from posterior margin. Raw surface is inked and specimen is serially sliced from anterior to

posterior and submitted from anterior to posterior slices in a sequential manner as follows:

A1 to A7 - Anterior radial margin slice 1

A8 - Superior margin slice2

A9 - Inferior margin slice2

A10 - Superior margin slice3

A11 - inferior margin slice3

A12 - Superior margin slice4

A13 - Inferior margin slice4

A14 - Superior margin slice5

A15 - inferior margin slice5

A16 - Superior margin slice6

A17 - Inferior margin slice6

A18 -Superior margin slice7

A19 - inferior margin slice7

A20- Superior margin slice8

A21 - Inferior margin slice8

A22 -Superior margin slice9

A23- Inferior margin slice9

A24- Superior margin slice10

A25 - Inferior margin slice10

A26 -Superior margin slice 11

A27 - inferior margin slice11

Specimen II labelled "Additional anterior lower lip margin" consists of a single grey brown tissue measuring

0.3x0.3x0.3cm.Entire specimen submitted in cassette B.

Specimen III labelled "Right level IB 'consists of nodular tissue with attached fibrofatty tissue measuring

5x3.5x1.8cm.7 lymph nodes identified largest measuring 1.5cm in greatest dimension. Smallest measuring

0.4cm in greatest dimension. Representative sections are submitted in cassettes C1 to C6.

Specimen IV labelled" Additional anterior upper lip margin" consists of mucosal tissue measuring

0.6x0.6x0.4cm. Entire specimen submitted in cassette D.

Specimen V labelled "right level IIB lymph node"consists of fibrofatty tissue measuring 2.5x1.5x0.5cm. 3 lymph

nodes identified largest measuring 0.8cm and smallest 0.5cm. Entire specimen submitted in cassette E.

specimen VI labelled"right level III and IV lymph nodes " consists of fibrofatty tissue measuring 5x3x1.5cm. 6

lymph nodes identified, largest measuring 1.1cm and smallest 0.4cm. Representative sections are submitted in

cassettes F1 to F8.

Specimen VII labelled "Buccal fat pad margin" consists of fatty tissue measuring 1x0.7x0.3cm.Entire specimen

submitted in cassette G.

Specimen VIII labelled "Right level IIa' consists of nodular fibrofatty tissue measuring 4x1.5x0.8cm.One lymph

node measuring 3.5x1.8cm with an area of haemorrhage measuring 1.6cm in greatest dimension. Entire

specimen submitted in cassettes H1 to H6.

**Microscopic Description :**

A.Sections from buccal mucosa shows an ulcerating and infiltrating neoplasm arising from epithelium invading

in irregular nests, strands and anastomosing trabeculae. Cells show moderate degree of pleomorphism with

frequent dyskeratosis and occasional keratin pearls.Interface shows patchy dense chronic inflammation. No PNI

/LVE seen. Anterior margin is 2mm away.

B. Section studied from additional anterior lower lip margin show fibromuscular tissue which is free of tumour.

C.Section studied from right level Ib shows 5 nodes and salivary gland which is free of tumour

D. Sections from additional anterior upper lip margin show fibromuscular tisuse - free of tumour and minor

salivary gland.

F.Sections studied from right level III and IV shows 6 nodes free of tumour

E. Sections studied from right level IIb show 6 reactive lymph nodes.

G. Sections studied from buccal fat pad margin is free of tumour

H. Sections studied from right level IIa nodes show 4 lymph nodes free of tumour

**Impression :**

WLE left buccal mucosal and right selective neck dissection + additional margins:

- Moderately differentiated squamous cell carcinoma

- Tumour margins -1.4(AP)x0.3(SI)x0.2(ML)cm.

- Depth of invasion - 0.2cm

- WPOI - Pattern of (score 1+)

- LHR -Score I

- PNI -absent

- LVE -Absent

- Risk group - Intermediate

- Margin clearance-

Anterior margin is close (0.2cm).However, additional anterior margin taken and all other margins are free of

tumour.

Buccal fat of pad -free of tumour.

Lymph nodes

- All sampled lymph nodes (level I to level IV) - 0/21 - are free of tumour

Stage pT1N0

**WHOLE BODY 18F FDG PET MR IMAGING REPORT**

**Clinical Indication:**

Carcinoma left buccal mucosa, S/p Resection & RFFF, chemoRT (2012). Now with biopsy proven recurrence -

For restaging.

**Procedure:**

16.05 mCi of 18 F FDG (Flouro deoxy glucose) was injected intravenously in fasting status. One hour later

Whole body simultaneous PET MR Imaging (Head to mid thigh) was performed on the state of the art Siemens

Biograph mMR (High definition PET with LSO crystal & 3Tesla MRI) using the latest syngo MR E11 platform.

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

High resolution non contrast enhanced inspiratory CT chest was also acquired.

Fasting Blood Sugar: 85 mg / dl.

Whole body MRI was done using multiplanar T1, T2, STIR, DWI, Dixon and post contrast VIBE sequences and

fused with PET images.

**Findings:**

**PET Findings:**

\* Abnormal focal increased FDG uptake noted in MR detected soft tissue lesion with contrast enhancement at

left side anterior cheek (SUV Max 7.3). Lesion appears to extend into upper gingivobuccal sulcus and abuts the

alveolar process of maxilla. No evidence of bone invasion.

\* Focal abnormal FDG uptake seen in a discrete right level II cervical lymph node (SUV Max 10.0).

\* Abnormal diffuse FDG uptake seen in right lobe of thyroid gland (SUV Max 7.0) - ? post radiation

thyroiditis.

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

spleen, adrenal glands and skeleton imaged up to mid thigh.

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

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

**MR Findings:**

WB MRI CONTRAST:

\* No evidence of brain metastasis.

\* Right lobe of thyroid is diffusely enlarged in size.

\* No mediastinal lymphadenopathy.

\* No evidence of metastasis in lung or liver.

\* No focal mass lesions in spleen, pancreas or kidneys.

\* No hydronephrosis.

\* No evidence of bone metastasis.

REGIONAL MRI NECK (CONTRAST):

Dedicated MRI of upper neck was done using T1, T2, STIR, DW and post contrast sequences.

\* There is 1.9 x 0.9 cm size soft tissue lesion with contrast enhancement noted at left side anterior cheek.

It appear to extend into upper gingivobuccal sulcus and abuts the alveolar process of maxilla. No

definitive evidence of bone invasion. Maxilla and mandible appear normal.

\* Right side 2.1 x 1.3 cm size lymph node with diffusion restriction at level II.

\* Tongue appear normal.

**MR Impression:**

\* Features suggestive of small tumor recurrence at left side anterior cheek abutting the alveolar process

of maxilla.

\* Right side level II lymph node need USG guided FNAC.

\* No evidence of distant metastasis.

**Conclusion:**

\* FDG AVID ENHANCING LESION AT LEFT SIDE OF ANTERIOR CHEEK ABUTTING ALVEOLAR

PROCESS OF MAXILLA - METABOLICALLY ACTIVE RECURRENT PRIMARY MALIGNANCY OF

LEFT BUCCAL MUCOSA.

\* FDG AVID DISCRETE RIGHT LEVEL II CERVICAL LYMPH NODE - SUSPICIOUS FOR

METASTATIC DEPOSIT IN THIS CLINICAL SETTING.

WARRANTS HISTOPATHOLOGY CORRELATION.

\* NO OTHER METABOLICALLY ACTIVE LYMPH NODAL/ DISTANT METASTASIS.

|  |  |
| --- | --- |
| **Date of Admission :**24/09/2018 | **Date of Procedure :**25/09/2018 |

|  |
| --- |
| **Date of Discharge :**03/10/2018 |

|  |
| --- |
|  |

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

|  |
| --- |
| **DIAGNOSIS :** |
| Carcinoma left buccal mucosa with right lap with severe trismus. (k/c/o Carcinoma left buccal mucosa, S/p Resection & RFFF, chemoRT (2012) in UAE). with Psoriasis (resolving stage). |

|  |
| --- |
| **PROCEDURE DONE :** |
| WLE + B/L CORONOIDECTOMY + RIGHT SND (I-IV) + RAFF + T'STOMY UNDER GA |

|  |
| --- |
| **HISTORY :** |
| k/c/o Carcinoma left buccal mucosa, S/p Resection & RFFF, k/c/o Carcinoma left buccal mucosa, S/p Resection & RFFF, chemoRT (2012) inUAE. NOW came with c/o trismus and pain 1month. evaluated in dental opd and biopsy s/o wdscc (recurrence) h/o psoriasis present, now not on medication. |

|  |
| --- |
| **CLINICAL EXAMINATION :** |
| On Examination: kps-90 o/c-trisums present, mouth opening ~0.5cm left buccal mucosa growth present with (raff insitu) fibrosis. Neck : NO LAP |

|  |
| --- |
|  |
| Pet ct (AIMS): FDG AVID ENHANCING LESION AT LEFT SIDE OF ANTERIOR CHEEK ABUTTING ALVEOLAR PROCESS OF MAXILLA - METABOLICALLY ACTIVE RECURRENT PRIMARY MALIGNANCY OF LEFT BUCCAL MUCOSA. \* FDG AVID DISCRETE RIGHT LEVEL II CERVICAL LYMPH NODE - SUSPICIOUS FOR METASTATIC DEPOSIT IN THIS CLINICAL SETTING. WARRANTS HISTOPATHOLOGY CORRELATION. \* NO OTHER METABOLICALLY ACTIVE LYMPH NODAL/ DISTANT METASTASIS. Biopsy in AIMS: (H-151/18) Well differentiated squamous cell ca. |

|  |
| --- |
| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| The patient was evaluated. His case was discussed in Tumour board and planned for surgery.He was admitted on 24/09/2018 and after all preliminary investigations and evaluation he was taken up for proposed procedure. He underwent WLE + B/L CORONOIDECTOMY + RIGHT SND (I-IV) + RAFF + T'STOMY UNDER GA. On table,according to the the defect RAFF was raised. Postoperative period was uneventful. The surgical specimen was sent for histopathological evaluation for confirmation of diagnosis.He was shifted to ICU and later to the ward for post operative care. Decannulated on pod-3. Drains were removed on pod-3and sutures and clips were removed on pod-8. RT removed on POD -6 Condition at discharge: Stable,afebrile,taking orally, sutures removed. GC Fair Vitals stable |

|  |
| --- |
| **OPERATIVE FINDINGS :** |
| WLE + B/L CORONOIDECTOMY + RIGHT SND (I-IV) + RAFF + T'STOMY UNDER GA Procedure: Patient positioned, cleaned and drapped. WLE: trisums present, mouth opening ~0.5cm. 1.5 X 2.0 CM left buccal mucosa indurated growth present with (raff insitu) fibrosis. Taking adequate margins wide local excision done and sent for hpe analysis. b/l coronoidectomy done to increase mouth opening. right snd: right level 1a and 1b lymph nodes along with sub-mandibular gland removed in toto and sent for hpe analysis. right side facial artery and common facial vein was preserved for anastomis. sterno-mastoid retracted laterally - spinal accessory nerve, ijv and carotids identified and preserved. level-2.3 and 4 lymph nodes were removed along with fibro-fatty tissue and sent for hpe analysis. RAFF: 5X8cm left radial forearm soft tissue flap harvested based on radial artery and it's venae comitans, used to repair the of left side bucaal mucosa wide local excision defect. end to end vessel anastomosis done with radial artery to facial artery, venae comitans to common facial vein. post anastomosis perfusion good. donor site was closed primarily and ssg graft. hemostasis acheived, 14# romovac drain kept in neck and left forearm. wound closed in layers. patient shifted to 1.1 icu for immediate post op care. wound closed in layers. |

|  |
| --- |
| **WHEN TO OBTAIN URGENT CARE:** |
| Bleeding fever Pus discharge |

|  |
| --- |
| **DIET RECOMMENDATIONS :** |
| Soft diet |

|  |
| --- |
| **PHYSICAL ACTIVITY :** |
| Normal. |

|  |
| --- |
| **DISCHARGE MEDICATION :** |
| \*All current medication have been reviewed and reconciled into the medication list. Tab Dolo 650mg 1-0-1 X 5days Tab Pan 40 mg 1-0-0 X 5days Chlorhexidine mouth gargles 3 times a day Sorvate cream l/a over lesions OD x 2wks Liquid paraffin l/a whole body after bath OD x to continue. |

**Tumour Board Discussion**

**Relevant clinical details :**

k/c/o Carcinoma left buccal mucosa, S/p Resection & RFFF, ck/c/o Carcinoma left buccal mucosa, S/p Resection

& RFFF, chemoRT (2012) inUAE.

NOW came with c/o trismus and pain 1month.

evaluated in dental opd and biopsy s/o wdscc (recurrence)

h/o psoriasis present, now not on medication.

o/e:

kps-90

o/c-trisums present, mouth opening ~0.5cm

left buccal mucosa growth present with (raff insitu) fibrosis.

Neck : NO LAP

Pet ct (AIMS):

FDG AVID ENHANCING LESION AT LEFT SIDE OF ANTERIOR CHEEK ABUTTING ALVEOLAR

PROCESS OF MAXILLA - METABOLICALLY ACTIVE RECURRENT PRIMARY MALIGNANCY OF

LEFT BUCCAL MUCOSA.

\* FDG AVID DISCRETE RIGHT LEVEL II CERVICAL LYMPH NODE - SUSPICIOUS FOR

METASTATIC DEPOSIT IN THIS CLINICAL SETTING. WARRANTS HISTOPATHOLOGY

CORRELATION.

\* NO OTHER METABOLICALLY ACTIVE LYMPH NODAL/ DISTANT METASTASIS.

Biopsy in AIMS: (H-151/18)

Well differentiated squamous cell ca.

PLAN:

WLE + B/L CORONOIDECTOMY + RIGHT SND (I-IV) + RAFF + T'STOMY UNDER GA.

**Agreed Plan of management :**

WLE + B/L CORONOIDECTOMY + RIGHT SND (I-IV) + RAFF

**Histopathology Tumour Board Discussion**

**Relevant clinical details :**

wle right buccal mucosa + right nd specimen:

Moderately differentiated squamous cell carcinoma

- Tumour margins -1.4(AP)x0.3(SI)x0.2(ML)cm.

- Depth of invasion - 0.2cm

- WPOI - Pattern of (score 1+)

- LHR -Score I

- PNI -absent

- LVE -Absent

- Risk group - Intermediate

- Margin clearance-

Anterior margin is close (0.2cm).However, additional anterior margin taken and all other margins are free of

tumour.

Buccal fat of pad -free of tumour.

Lymph nodes

- All sampled lymph nodes (level I to level IV) - 0/21 - are free of tumour.

Stage pT1N0

**Agreed Plan of management :**

Observation

**Progress Notes**

**Date : 25/09/2018**

**ProgressNotes :**

k/c/o Carcinoma left buccal mucosa, S/p Resection & RFFF, chemoRT (2012) inUAE.

NOW came with c/o trismus and pain 1month.

evaluated in dental opd and biopsy s/o wdscc (recurrence)

h/o psoriasis present, now not on medication.

o/e:

kps-90

o/c-trisums present, mouth opening ~0.5cm

left buccal mucosa growth present with (raff insitu) fibrosis.

Neck : NO LAP

Pet ct

FDG AVID ENHANCING LESION AT LEFT SIDE OF ANTERIOR CHEEK ABUTTING ALVEOLAR

PROCESS OF MAXILLA - METABOLICALLY ACTIVE RECURRENT PRIMARY MALIGNANCY OF

LEFT BUCCAL MUCOSA.

\* FDG AVID DISCRETE RIGHT LEVEL II CERVICAL LYMPH NODE - SUSPICIOUS FOR

METASTATIC DEPOSIT IN THIS CLINICAL SETTING. WARRANTS HISTOPATHOLOGY

CORRELATION.

\* NO OTHER METABOLICALLY ACTIVE LYMPH NODAL/ DISTANT METASTASIS.

Biopsy in AIMS: (H-151/18)

Well differentiated squamous cell ca

PLAN:

WLE+ND + BONE FLAP Under ga.

PAC

PAC Ix

**Operative Notes**

**Date : 25/09/2018**

**ProgressNotes :**

Diagnosis:

Carcinoma left buccal mucosa with right lap with severe trismus. (k/c/o Carcinoma left buccal mucosa, S/p

Resection & RFFF, chemoRT (2012) in UAE).

surgery:

WLE + B/L CORONOIDECTOMY + RIGHT SND (I-IV) + RAFF + T'STOMY UNDER GA

Procedure:

Patient positioned, cleaned and drapped.

WLE:

trisums present, mouth opening ~0.5cm. 1.5 X 2.0 CM left buccal mucosa indurated growth present with (raff

insitu) fibrosis.

Taking adequate margins wide local excision done and sent for hpe analysis.

b/l coronoidectomy done to increase mouth opening.

right snd:

right level 1a and 1b lymph nodes along with sub-mandibular gland removed in toto and sent for hpe analysis.

right side facial artery and common facial vein was preserved for anastomis.

sterno-mastoid retracted laterally - spinal accessory nerve, ijv and carotids identified and preserved.

level-2.3 and 4 lymph nodes were removed along with fibro-fatty tissue and sent for hpe analysis.

RAFF:

5X8cm left radial forearm soft tissue flap harvested based on radial artery and it's venae comitans, used to

repair the of left side bucaal mucosa wide local excision defect. end to end vessel anastomosis done with radial

artery to facial artery, venae comitans to common facial vein. post anastomosis perfusion good.

donor site was closed primarily and ssg graft.

hemostasis acheived, 14# romovac drain kept in neck and left forearm.

wound closed in layers.

patient shifted to 1.1 icu for immediate post op care.

wound closed in layers.

**Progress Notes**

**Date : 24/11/2018**

**ProgressNotes :**

Carcinoma left buccal mucosa with right lap with severe trismus.

(k/c/o Carcinoma left buccal mucosa, S/p Resection & RFFF, chemoRT (2012) in UAE). with Psoriasis

(resolving stage).

PROCEDURE DONE : WLE + B/L CORONOIDECTOMY + RIGHT SND (I-IV) + RAFF + T'STOMY

UNDER GA 25-09-18.

HPE TB Discussion:

Stage pT1N0, plane-Observation

l/e:

Flap is good.

Trisumus presnt-Mouth opening less than 1fb.

Adv

Mouth opening exercises

Review after 2months.