**MRI HEAD AND NECK WITH CONTRAST**

***Clinical information: Ulcero proliferative in the left lateral border of the tongue.***

A T1 hypointense , T2 heterointense, STIR bright lesion measuring 3.5 x 2.6 x4.25 cm is seen involving the left

side of the tongue. The lesion shows heterogeneous enhancement with hypoenhancing areas within.The lesion is

crossing the midline and is extending into the sublingual space abutting the myelohyoid muscle.

Pharynx and larynx is normal.

Bilateral parotid and submandibular glands appears normal.

A suspicious rounded lymph node measuring 11 x 8mm seen in left level Ib. Few other subcentimetric nodes

seen in bilateral level Ib.

Bilateral neck vessels are normal.

Thyroid gland appears normal.

Bones are normal.

**Impression:**

• Enhancing lesion involving the left side of the tongue, crossing the midline with extension into the

sublingual space as described-likely to represent malignancy. Suggested HPE correlation.

**Radiology Report**

**Created Date:** 20/02/2021

**Study Done:**

Carcinoma tongue, to rule out metastasis

CT scan of the chest non-contrast study.

Normal bronchovascular branching pattern and pulmonary parenchymal attenuation. No signs of metastatic

nodules in the lung parenchyma. No pleural effusions or pleural base nodules.

There is a 5 mm prevascular node. The rest of the mediastinum and hilum appears normal with no significant

sized lymph nodes.

Normal appearance of the ribs and vertebral bodies, no osteolytic or destructive process.

There is a left-sided adrenal low-density nodule measuring 15 x 22 mm, likely to represent a lipid rich adenoma,

attenuation values less than 10 HU. Can be evaluated with a CT contrast with adrenal protocol if clinical

suspicion of metastasis is high.

**Impression:**

**No pulmonary parenchymal metastatic lesion.**

**No significant-sized lymph nodes in the mediastinum and hilum.**

**No pleural effusions or pleural based nodules.**

**Incidental left adrenal well defined space-occupying lesion, with the low density. Likely to be a lipid rich**

**adenoma.**

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 20/02/2021

**Received on :** 20/02/2021

**Reported Date :** 23/02/2021

**Clinical Impression :**

Carcinoma ulcerative tongue lesion

**Gross Description :**

Received in formalin is a specimen consists of 4 grey white tissue bit in aggregate measuring 1.2x1x0.2cm.

Entire specimen submitted in one cassette.

**Microscopic Description :**

Section shows hyperplastic stratified squamous epithelium with underlying infiltrative neoplasm exhibiting

sheets and nests of tumour cells. The cells are polygonal with enlarged vesicular nuclei, conspicuous nucleoli

and abundant eosinophilic cytoplasm. Keratin pearl formation noted. Peritumoural mild to moderate lymphocyte

and plasma cell infiltrate seen. Occasional atypical mitosis noted. Underlying muscle shows tumour infiltration.

**Impression :**

Ulcer left lateral border tongue, biopsy -Well differentiated squamous cell carcinoma.

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 23/02/2021

**Received on :** 23/02/2021

**Reported Date :** 26/02/2021

**Clinical Impression :**

Carcinoma left lateral border of tongue

**Gross Description :**

Received in formalin are 12 specimens.

The Ist specimen labelled "WLE carcinoma left lateral border of tongue " consists of same with a portion of

subligual mucosa whole measuring 8x5.1x4cm. The specimen inked and serially sliced into 10 slices, thickness

of each slices 0.8cm. Slice 2 to 10 shows ulceroproliferative firm lesion in the lateral border of tongue measuring

2.5x3x6cm.Depth of the lesion is 3.2cm. The lesion is at a distance of 0.8cm from anterior mucosal and soft

tissue margin,1.1cm from posterior mucosal and soft tissue margin, 1.6cm from right lateral mucosal and soft

tissue margin, abutting sublingual mucosal and soft tissue margin, abutting the inferior soft tissue margin.

Representative sections are submitted as follows:

A1- Anterior mucosal and soft tissue margin (radial)

A2-Posterior mucosal and soft tissue margin (radial)

A3- Right lateral mucosal and soft tissue margin

A4 - Sublingual mucosa and soft tissue margin

A5 - Inferior soft tissue margin

A6- Lesion with superior surface

A7to A9- Lesion proper

A10 - Tumour adjacent soft tissue

B) Specimen II labelled "level I A" consists of nodular tissue bit whole measuring 2.5x1.5x1cm.? one lymph

node identified. Entire specimen submitted in cassettes B1 & B2.

C) Specimen III labelled "Right level I B "consists of nodular fibrofatty tissue measuring 4.5x2.5x2cm. Salivary

gland measuring 3.8x2.2x1.5cm. 3 lymph nodes , largest measuring 1cm,smallest measuring

0.5cm.Representative sections are submitted in cassettes C1 to C4.

D)Specimen IV labelled " Right level II A"consists of nodular tissue bit whole measuring 3x2.5x1.5cm. One

lymph node identified measuring 1.4x0.4x0.5cm. Cut surface lymph node shows grey white areas measuring

1x1x0.4cm. Representative sections are submitted in cassettes D1 to D3.

E)Specimen V labelled "Right level II B"consists of 4 nodular tissue bit aggregate measuring 2.5x2x1cm. One

lymph node identified measuring 1cm in greatest dimension. Entire specimen submitted in cassettes E1 & E2.

F) Specimen VI labelled "Right level III"consists of nodular fibrofatty tissue measuring 4.5x1x1cm. 4 lymph

nodes, largest measuring 1.5x0.5x0.8cm. Entire specimen submitted in cassettes F1 to F3.

G) Specimen VII labelled "Right level IV"consists of 2 nodular tissue bit measuring 4x2x1.5cm. No lymph

nodes identified grossly. Entire specimen submitted in cassettes G1 to G4.

H) Specimen VIII labelled "Left level I B " consists of nodular tissue bit measuring 5.5x2.5x2cm. Salivary

gland identified measuring 4x2x2.5cm. 2 lymph nodes identified measuring 1.5x1x0.1cm.Cut surface show

grey white area. Representative sections are submitted in cassettes H1 to H4.

J) Specimen IX labelled " Left level II A" consists of 2 nodular fibrofatty tissue measuring 3.5x3x2cm. 2 lymph

nodes identified measuring 2x1x1cm. Cut surface lymph node shows grey white areas measuring 0.8cm in

greatest dimension. Cut surface other lymph node shows tiny speck of grey white area noted. Entire specimen

submitted in cassettes J1 to J4.

K) Specimen X labelled "Left level III" consists of nodular tissue bit measuring 4x2x1cm.3 lymph nodes

identified largest measuring 1.8x1x0.5cm.Smallest measuring 0.5cm. Entire specimen submitted in cassettes K1

to K3.

L) Specimen XI labelled "Left level IV " consist of nodular fibrofatty tissue measuring 2.5x2.5x1cm. No lymph

node identified grossly. Entire specimen submitted in cassettes L1 to L4.

M) Specimen XII labelled "Left level II B "consists of nodular tissue bit measuring 2.5x1.5x1cm. 3 lymph nodes

identified measuring 0.2cm in greatest dimension. Entire specimen submitted in cassettes M1 & M2.

(Dr.Ann/mm)

**Microscopic Description :**

A) Sections show infiltrative neoplasm arising from stratified squamous epithelium with areas of ulceration and

suppurative infammation. The tumour exhibits cells in sheets, nests and anastomosing cords with small cell

clusters at invasive front. The tumour cells are polygonal with enlarged vesicular nuclei, pominent nucleoli and

abundant eosinophilic cytoplasm.Mitosis is brisk (2-3/hpf) with atypical mitosis.Tumour infiltrates the

underlying muscle and adipose tissue and is seen infiltrating the sublingual salivary gland. Extensive PNI seen.

No LVE noted. All margins are free of tumour closest being inferior soft tissue margin which is 2mm away.

Depth of invasion is 3.2cm.

B) Level I A -1 lymph node, free of tumour (0/1)

C) Right level I B - 4 lymph nodes with salivary gland, free of tumour (0/4)

D) Right level II A - 1 lymph node with tumour deposit measuring 1.5cm. Extranodal extension seen (1/1)

E) Right level II B - 2 lymph nodes, free of tumour (0/2)

F) Right level III - 7 lymph nodes, free of tumour (0/7)

G) Right level IV - 12 lymph nodes, free of tumour (0/12)

H) Left level I B - One of 3 lymph nodes show tumour deposit.No ENE (1/3)seen

J) Left level II A- 2 lymph nodes seen,both show tumour deposit.No ENE(2/2)seen

K) Left level III - 6 lymph nodes seen, one show tumour deposit.No ENE (1/6) seen

L) Left level IV - 4 lymph nodes seen-free of tumour (0/4)

H) Left level III B - 6 lymph nodes seen, free of tumour (0/6)

**Impression :**

WLE left lateral border tongue and lymph node dissection:

-Moderately differentiated squamous cell carcinoma.

-Tumour size -6x3x2.5cm.

- Depth of invasion -3.2cm

- Extensive PNI -Score 1

- No LVE noted

- WPOI - pattern 4, score 1

- LHR- Mild to moderate , score 1

- High risk group

- Lymph nodes-5/48 (right level II A, left level I B ,left level II A, left level III).

Extra nodal extension seen in right level II A .

AJCC Stage -pT4aN3b

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| **Date of Admission :**21/02/2021 | **Date of Procedure :**22/02/2021 |

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| **Date of Discharge :**03/03/2021 |

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

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| **DIAGNOSIS :** |
| Carcinoma Left tongue T4aN2cM0 |

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| **PROCEDURE DONE :** |
| Near total glossectomy [Pull through approach] +B/L SND (1-4) + TDAP flap + PEG insertion under GA on 22/2/21 ( Head and Neck Major Resection+Reconstruction for cancer defect Grade II +Neck Dissection ) |

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| **HISTORY :** |
| 47 year old female No known comorbs Referred From Nagercoil Came with c/o ulcer noticed in left lateral border of tongue noticed since past 4 months was initially treated as traumatic ulcer , for which dental extraction was done c/o increase in sized of ulcer since past 1 1/2 months also associated with c/o mild bleeding from ulcer site No pain or swallowing difficulties No habituations |

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| **CLINICAL EXAMINATION :** |
| GC fair vitals stable L/E- MO- good Ulceroprolifertive lesion around 5\*5 cms involving lateral border of tongue Tongue movement mildly restricted Neck-Left IB node |

**INVESTIGATIONS :**

**Haemogram:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** | **Hb: g/dl** | **PCV: %** | **PLT: ku/ml** | **TC: ku/ml** | **DC: N %** | **L: %** | **E: %** | **ESR: mm/1st hr** |
| 23/02/2021 | 11.1 | 33.8 | 228 | 8.95 | 87.4 | 5.3 | 0.1 | - |
| 24/02/2021 | 10.3 | 31.3 | 209 | 10.18 | 83.7 | 9.3 | 0.6 | - |
| 25/02/2021 | 9.6 | 29.3 | 205 | 10.79 | 72.2 | 18.4 | 1.4 | - |

**Renal Function Test and Serum Electrolytes:**

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| --- | --- | --- | --- | --- |
| **Date:** | **Urea: mg/dl** | **Creatinine: mg/dl** | **Na+: mEq/L** | **K+: mEq/L** |
| 23/02/2021 | 16.9 | 0.62 | 137.5 | 4.1 |
| 24/02/2021 | - | - | 133.9 | 4.0 |
| 25/02/2021 | - | - | 138.4 | 3.5 |

Date: 25/02/2021

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| RBC-COUNT-Blood : 3.26 M/uL | MCV-Blood : 89.9 fL |

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| --- | --- |
| MCH-Blood : 29.4 pg | MCHC-Blood : 32.8 g/dl |

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| --- | --- |
| RDW-Blood : 13.8 % | MPV-Blood : 10.8 fL |

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| --- | --- |
| MONO -Blood : 7.3 % | BASO-Blood : 0.7 % |

Date: 24/02/2021

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| RBC-COUNT-Blood : 3.47 M/uL | MCV-Blood : 90.2 fL |

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| MCH-Blood : 29.7 pg | MCHC-Blood : 32.9 g/dl |

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| RDW-Blood : 13.9 % | MPV-Blood : 11.1 fL |

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| MONO -Blood : 6.0 % | BASO-Blood : 0.4 % |

Date: 23/02/2021

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| Compatibility test; cross match complete (3 tests) : Compatible | PT[Prothrombin Time with INR]-Plasma : 14.20/14.0/1.02 sec |

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| --- | --- |
| RBC-COUNT-Blood : 3.88 M/uL | MCV-Blood : 87.1 fL |

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| --- | --- |
| MCH-Blood : 28.6 pg | MCHC-Blood : 32.8 g/dl |

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| --- | --- |
| RDW-Blood : 13.3 % | MPV-Blood : 10.3 fL |

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| --- | --- |
| MONO -Blood : 6.8 % | BASO-Blood : 0.4 % |

Date: 21/02/2021

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| Compatibility test; cross match complete (3 tests) : Compatible | Blood typing; ABO and RhD : B Rh D Positive |

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| Carcinoma tongue, to rule out metastasis CT scan of the chest non-contrast study. Normal bronchovascular branching pattern and pulmonary parenchymal attenuation. No signs of metastatic nodules in the lung parenchyma. No pleural effusions or pleural base nodules. There is a 5 mm prevascular node. The rest of the mediastinum and hilum appears normal with no significant sized lymph nodes. Normal appearance of the ribs and vertebral bodies, no osteolytic or destructive process. There is a left-sided adrenal low-density nodule measuring 15 x 22 mm, likely to represent a lipid rich adenoma, attenuation values less than 10 HU. Can be evaluated with a CT contrast with adrenal protocol if clinical suspicion of metastasis is high. Impression: No pulmonary parenchymal metastatic lesion. No significant-sized lymph nodes in the mediastinum and hilum. No pleural effusions or pleural based nodules. Incidental left adrenal well defined space-occupying lesion, with the low density. Likely to be a lipid rich adenoma. |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| The patient got admitted with above mentioned complaints. All investigations were done. Underwent Near total glossectomy [Pull through approach] +B/L SND (1-4) + TDAP flap + PEG insertion under GA on 22/2/21. Intra and post operative period was uneventful with no major issues. On POD 1 gastromedicine consultation was sought and their orders were followed. On POD 2 drains were removed. RT removed on POD6. Sutures and clips were removed on POD10. At the time of discharged the patient was afebrile and stable PEG insitu |

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| **OPERATIVE FINDINGS :** |
| Diagnosis:Ca Left tongue T4aN2cM0 Procedure: Near total glossectomy [Pull through approach] +B/L SND (1-4) + TDAP flap + PEG insertion under GA on 22/2/21 Findings: 5x4 cm UP on left lateral border tongue, crossing beyond midline B/L level II, III level nodes+ Under GA position given, parts painted and draped. Visor incision made over neck. Subplatysmal flaps elevated. Myelohoid and digastric attachments to the mandible cut on both sides. Tongue pulled into the neck. Near total glossectomy done leaving behind right BOT. Hemostasis achieved. Fibrofatty tissue cleared from B/L I-IV. B/L SAN, SCM and IJV preserved. Facial vessels preserved on both sides. Hemostasis achieved. Romovac suction drain no 14 secured on each side. Left TDAP Flap Anastamosis: Anastamosis done to right facial artery and facial vein using 9-0 nylon. Inset: flap used to recreate the tongue and floor of mouth. Glove drain secured on right side. Wound closed in layers using 3-0 vicryl and 4-0 nylon. Tracheostomy done. Procedure uneventful. Procedure- Reconstruction with left TDAP flap - parts painted and draped - 8x4cm skin paddle marked and perforator marking done - anterior and posterior skin incision made - perforator identified- septocutaneous perforator+ - perforator traced to the thoracodorsal artery pedicle - vessel dissection is done till the deep surface of the muscle after retracting the latissimus dorsi - pedicle is dissected free from the nerve and pedicle is ligated |

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| **PROGNOSIS ON DISCHARGE :** |
| Good |

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| **ADVICE ON DISCHARGE :** |
| Keep the surgical site clean and dry |

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| **WHEN TO OBTAIN URGENT CARE:** |
| In case of pus discharge/bleeding/fever |

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| **DIET RECOMMENDATIONS :** |
| PEG feeds @ 100cc |

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| **PHYSICAL ACTIVITY :** |
| As tolerated |

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| **DISCHARGE MEDICATION :** |
| \*All current medication have been reviewed and reconciled into the medication list. T.Ciplox 500 mg 1-0-1 x 7 days Tab Dolo 650mg 1-1-1x7 days and sos Tab Pan 40mg 1-0-0x7 days Murpirocin oint for LA 1-1-1 x 7 days |

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| **HEAD AND NECK - TUMOUR BOARD** |

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|  | **TB Date:**  03/03/2021 |

**Descriptive History and Examination:**

47 year old female No known comorbs

Came with c/o ulcer noticed in left lateral border of tongue noticed since past 4 months was initially treated as traumatic ulcer , for which dental extraction was done c/o increase in sized of ulcer since past 1 1/2 months also associated with c/o mild bleeding from ulcer site No pain or swallowing difficulties No habituations

**Others:**

Ulceroprolifertaive lesion around 5\*5 cms involving lateral border of tongue Left IB node Tongue movement mildly restricted

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| **Descriptive Plan:**  Ca tongue T4N1 Underwent Near total glossectomy+B/L SND(1-4)+TDAP flap under GA on 22/2/21 B/L ND as tumor crossing midline plan: Postop RT+/-concurrent CT | **Histopathology Descriptive Plan:**  WLE left lateral border tongue and lymph node dissection: -Moderately differentiated squamous cell carcinoma. -Tumour size -6x3x2.5cm. - Depth of invasion -3.2cm - Extensive PNI -Score 1 - No LVE noted - WPOI - pattern 4, score 1 - LHR- Mild to moderate , score 1 - High risk group - All margins are free of tumour closest being inferior soft tissue margin which is 2mm away. Depth of invasion is 3.2cm. - Lymph nodes-5/48 (right level II A, left level I B ,left level II A, left level III). Extra nodal extension seen in right level II A . AJCC Stage -pT4aN3b Plan: Adjuvant CTRT |

**Progress Notes**

**Date : 19/02/2021**

**ProgressNotes :**

47 year old female

No known comorbs

Came with c/o ulcer noticed in left lateral border of tongue noticed since past 4 months

was initially treated as traumatic ulcer , for which dental extraction was done

c/o increase in sized of ulcer since past 1 1/2 months

also associated with c/o mild bleeding from ulcer site

No pain or swallowing difficulties

No habituations

O/E : Ulceroprolifertaive lesion around 4\*3 cms involving lateral border of tongue

Left IB node

Tongue movement mildly restricted

No outside biopsy or imaging

Adv: Biopsy under LA

MRI HN

CT Chest

PAC, PAC Ix

**Operation Notes**

**Date : 22/02/2021**

**ProgressNotes :**

Diagnosis:Ca Left tongue T4aN2cM0

Procedure: Near total glossectomy [Pull through approach] +B/L SND (1-4) + TDAP flap + PEG insertion

under GA on 22/2/21

Findings:

5x4 cm UP on left lateral border tongue, crossing beyond midline

B/L level II, III level nodes+

Under GA position given, parts painted and draped. Visor incision made over neck. Subplatysmal flaps

elevated. Myelohoid and digastric attachments to the mandible cut on both sides. Tongue pulled into the neck.

Near total glossectomy done leaving behind right BOT. Hemostasis achieved.

Fibrofatty tissue cleared from B/L I-IV. B/L SAN, SCM and IJV preserved. Facial vessels preserved on both

sides. Hemostasis achieved. Romovac suction drain no 14 secured on each side.

Left TDAP Flap

Anastamosis: Anastamosis done to right facial artery and facial vein using 9-0 nylon.

Inset: flap used to recreate the tongue and floor of mouth.

Glove drain secured on right side. Wound closed in layers using 3-0 vicryl and 4-0 nylon.

Tracheostomy done. Procedure uneventful.

**Progress Notes**

**Date : 30/07/2021**

**ProgressNotes :**

Carcinoma Left Side Tongue

Moderately differentiated squamous cell carcinoma cT4aN2cM0

S/P Near total glossectomy [Pull through approach] +B/L SND (1-4) + TDAP flap + PEG insertion under GA

on 22/2/21 pT4aN3b

Completed Concurrent Chemotherapy with Weekly Cisplatin, Last cycle on 26/04/2021 and External Beam

Radiation Treatment with IGRT - Tomotherapy technique

RT Started on 22/03/21

RT Completed on 30/04/21

Treatment breaks- Nil

Total Dose: 6600 cGy in 30 fractions Weekly Cisplatin, 6 Cycles; Last cycle on 26/04/2021

PEG tube insitu - advised to retain for 1 year

taking liquids orally

c/o back pain +

o/e:

flap good

serviceable speech

adv: CT HN with contrast and CT Chest as surveillance

review with above

medical onco

**Progress Notes**

**Date : 17/03/2021**

**ProgressNotes :**

Presented with c/o ulcer noticed in left lateral border of tongue noticed since past 4 months was initially treated

as traumatic ulcer , for which dental extraction was done . noticed increase in size of ulcer since past 1 1/2

months also associated with mild bleeding from ulcer site. No pain or swallowing difficulties .

She consulted HNS OPD

O/E : Ulceroprolifertaive lesion around 4\*3 cms involving lateral border of tongue Left IB node Tongue

movement mildly restricted

MRI 20/02/2021- A T1 hypointense , T2 heterointense, STIR bright lesion measuring 3.5 x 2.6 x4.25 cm is

seen involving the left side of the tongue. The lesion shows heterogeneous enhancement with hypoenhancing

areas within.The lesion is crossing the midline and is extending into the sublingual space abutting the

myelohyoid muscle.

Pharynx and larynx is normal. Bilateral parotid and submandibular glands appears normal.

A suspicious rounded lymph node measuring 11 x 8mm seen in left level Ib. Few other subcentimetric nodes

seen in bilateral level Ib.

Biopsy Ulcer left lateral border tongue, biopsy -Well differentiated squamous cell carcinoma.

with clinical diagnosis of Carcinoma Left tongue T4aN2cM0 her case was discussed in HNS OPD and decided

for surgery followed by adjuvant treatment

She underwent Near total glossectomy [Pull through approach] +B/L SND (1-4) + TDAP flap + PEG insertion

under GA on 22/2/21

HPR- WLE left lateral border tongue and lymph node dissection: -Moderately differentiated squamous cell

carcinoma. -Tumour size -6x3x2.5cm. - Depth of invasion -3.2cm - Extensive PNI -Score 1 - No LVE noted -

WPOI - pattern 4, score 1 - LHR- Mild to moderate , score 1 - High risk group - Lymph nodes-5/48 (right level

II A, left level I B ,left level II A, left level III). Extra nodal extension seen in right level II A . AJCC Stage

-pT4aN3b

adjuvant Rt to start from 22/3/21

**Speciality :** Radiation Oncology

**D/O Commencement of RT** 22/03/2021 **D/O Completion of RT** 30/04/2021

**FINAL DIAGNOSIS, STAGE AND HISTOLOGY**

Carcinoma Left Side Tongue

Moderately differentiated squamous cell carcinoma

cT4aN2cM0

S/P Near total glossectomy [Pull through approach] +B/L SND (1-4) + TDAP flap + PEG insertion under GA on

22/2/21

pT4aN3b

Completed Concurrent Chemotherapy with Weekly Cisplatin, Last cycle on 26/04/2021 and External Beam

Radiation Treatment with IGRT - Tomotherapy technique

**CLINICAL HISTORY AND PHYSICAL FINDINGS**

47 year old female

No known comorbs

Referred From Nagercoil Came with c/o ulcer noticed in left

lateral border of tongue noticed since past 4 months was initially treated as traumatic ulcer , for which dental

extraction was done c/o increase in sized of ulcer since past 1 1/2 months also associated with c/o mild bleeding

from ulcer site

No pain or swallowing difficulties

Clinical Examination:

GC fair

vitals stable

L/E

MO- good

Ulceroprolifertive lesion around 5\*5 cms involving lateral border of tongue

Tongue movement mildly restricted

Neck-Left IB node

Excision Biopsy(23/02/2021):

Ulcer left lateral border tongue, biopsy -Well differentiated squamous cell carcinoma

She underwent Near total glossectomy [Pull through approach] +B/L SND (1-4) + TDAP flap + PEG insertion

under GA on 22/2/21

Post Operative HPR(26/02/2021):

WLE left lateral border tongue and lymph node dissection:

-Moderately differentiated squamous cell carcinoma.

-Tumour size -6x3x2.5cm.

- Depth of invasion -3.2cm

- Extensive PNI -Score 1

- No LVE noted

- WPOI - pattern 4, score 1

- LHR- Mild to moderate , score 1

- High risk group

- Lymph nodes-5/48 (right level II A, left level I B ,left level II A, left level III).

Extra nodal extension seen in right level II A .

AJCC Stage -pT4aN3b

Her case has been discussed in HNS Tumour board and planned for adjuvant Concurrent CTRT.

She has been referred to RT OPD for the same.

Her diagnosis, prognosis, intent of treatment and possible side effects has been explained to the patient and

bystanders and they opted for IGRT.

Pre RT dental prophylaxis done.

She was planned for Concurrent Chemotherapy with Weekly Cisplatin and External Beam Radiation Treatment

with Tomotherapy technique

**INVESTIGATIONS :**

**HISTOPATHOLOGY REPORTS**

Excision Biopsy(23/02/2021):

Ulcer left lateral border tongue, biopsy -Well differentiated squamous cell carcinoma.

Post Operative HPR(26/02/2021):

WLE left lateral border tongue and lymph node dissection:

-Moderately differentiated squamous cell carcinoma.

-Tumour size -6x3x2.5cm.

- Depth of invasion -3.2cm

- Extensive PNI -Score 1

- No LVE noted

- WPOI - pattern 4, score 1

- LHR- Mild to moderate , score 1

- High risk group

- Lymph nodes-5/48 (right level II A, left level I B ,left level II A, left level III).

Extra nodal extension seen in right level II A .

AJCC Stage -pT4aN3b

**RADIOLOGY AND NUCLEAR MEDICINE REPORTS**

MRI HEAD AND NECK WITH CONTRAST

Clinical information: Ulcero proliferative in the left lateral border of the tongue.

A T1 hypointense , T2 heterointense, STIR bright lesion measuring 3.5 x 2.6 x4.25 cm is seen involving the left

side of the tongue. The lesion shows heterogeneous enhancement with hypoenhancing areas within.

The lesion is crossing the midline and is extending into the sublingual space abutting the myelohyoid muscle.

Pharynx and larynx is normal.

Bilateral parotid and submandibular glands appears normal.

A suspicious rounded lymph node measuring 11 x 8mm seen in left level Ib. Few other subcentimetric nodes

seen in bilateral level Ib.

Bilateral neck vessels are normal.

Thyroid gland appears normal.

Bones are normal.

Impression:

- Enhancing lesion involving the left side of the tongue, crossing the midline with extension into the sublingual

space as described-likely to represent malignancy.

Treatment Given:

**RADIATION DETAILS :**

Intent: Curatuve Adjuvant Radiation treatment

Technique: IGRT

Site of Disease: Carcinoma Left tongue

CAT Scan Simulation on 15/03/21

Complex Computerized Treatment Planning on 22/03/21

RT Started on 22/03/21

RT Completed on 30/04/21

Treatment breaks- Nil

Total Dose: 6600 cGy in 30 fractions

**Primary Tumour And Drainage Area :**

Site: HRR - B/L Level II, Lt FOM, IB

Portals: IGRT

Energy: 6 MV Photons

Dose: 6600 cGy in 30 fractions

Schedule: 220 cGy per fraction and 5 fractions a week

Dose prescribed to 100% isodose line.

Site: Tongue Bed, Surgical Bed, B/L I,II,III,IVa, Rt Va, Left V

Portals: IGRT

Energy: 6 MV Photons

Dose: 6000 cGy in 30 fractions

Schedule: 200 cGy per fraction and 5 fractions a week

Dose prescribed to 100% isodose line.

Site: Left RPN, Rt IVb, Vb, Lt IVb

Portals: IGRT

Energy: 6 MV Photons

Dose: 5400 cGy in 30 fractions

Schedule: 180 cGy per fraction and 5 fractions a week

Dose prescribed to 100% isodose line.

**CHEMOTHERAPY DETAILS :**

Weekly Cisplatin, 6 Cycles; Last cycle on 26/04/2021

**TREATMENT COURSE :**

47 year old lady, diagnosed as a case of Carcinoma Left side tongue, Moderately differentiated squamous cell

carcinoma, Stage cT4aN2cM0 S/P Near total glossectomy [Pull through approach] +B/L SND (1-4) + TDAP

flap + PEG insertion under GA on 22/2/21, pT4aN3b ,Completed Concurrent Chemotherapy with Weekly

Cisplatin, Last cycle on 26/04/2021 and External Beam Radiation Treatment with Tomotherapy technique. She

completed the scheduled course of treatment without any treatment related interruptions. She had Grade I Skin

and Grade 1-II Mucositis on Completion of Treatment .

**ADVICES AT DISCHARGE, MEDICATIONS AND FURTHER PLAN**

1. Review after 1 weeks in RT OPD.

2. Review after 4-6 weeks in HNS-RT Combined Follow Up Clinic for evaluation of Primary Disease, Neck

Nodes.

3. Review every month in RT OPD for one year and then as advised.

Investigations:

1. CXR PA View, CBC, RFT and Liver Enzymes [SGOT, SGPT and Alkaline Phosphatase] 4- 6 weeks post RT

and then as advised by the Physician [CXR annually].

2. TFT [T3, T4, TSH] every 6 months routinely to rule out post RT hypothyroidism.

3. PET CT after 3 months

Oral and Skin Care:

1. Mix a pinch of Soda Bicarbonate powder and one table spoon of common salt in a liter of water and use as

mouth wash every 4 to 6 hours.

2. Skin care: Avoid applying oil and washing with soap. Gentle splashing of water followed by mopping with

towel. Normal daily bath can be resumed after 3 weeks of completion of RT. Apply ointments or creams only as

per Doctors' advice.

3. Silver Sulfadiazine Cream for Local Application TID for wounds [for healing].

Specific:PEG feeds

1. High calorie feeds: 3500 calorie and 120 gm protein with mineral and vitamin supplementation diet

**Signed By :** Dr. Pushpaja. K. U.