**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 06/02/2021

**Received on :** 06/02/2021

**Reported Date :** 09/02/2021

**Clinical Impression :**

?Carcinoma tongue

**Gross Description :**

Received in formalin is a specimen consists of 2 mucosa covered tissue bit in aggregate measuring

0.5x0.5x0.5cm.Entire specimen submitted in one cassette.

**Microscopic Description :**

Biopsy shows tongue tissue with infiltrative neoplasm arising from overlying dyplastic and ulcerated epithelium

composed of squamous cells infiltrating between muscle bundles .The individual cells show increased nuclear

size with some cells showing nuclear vacuolations. The cells have moderate eosinophilic cytoplasm.The

epithelium also shows parakeratosis. The subepithelium show inflammatory infiltrate composed of lymphocytes,

neutrophils ,eosinophils , plasma cells and areas of sclerosis.

**Impression :**

Ulcer tongue biopsy - Moderately differentiated squamous cell carcinoma.

**RADIOLOGY REPORT**

**Created Date:** 17/02/2021

**Study Done:**

**MRI HEAD AND NECK**

**Clinical informtaion:** Case of carcinoma right lateral border of tongue.

Nasopharynx appear normal.

An enhancing 2.3 x 3.6 x 2.7 cm lesion is seen involving the right middle and posterior third of oral tongue

extending till the midline medially, extending into the tonsilo lingual sulcus posteriorly and into the sublingual

space inferiorly. The lesion is seen showing diffusion restriction.Mylohyoid is intact

Few enlarged right level IB and II nodal stations, largest measuring 21 x 9 mm.

No other enhancing lesions are seen.

Larynx appear normal.

Bilateral parotid and submandibular salivary glands are normal.

Carotid and IJV appear normal.

Thyroid gland appear normal.

Bones show normal signal

**Impression:**

• **An enhancing lesion is seen involving the right middle and posterior third of oral tongue**

**extending till the midline medially, extending into the tonsilo ingual sulcus posteriorly and**

**into the sublingual space inferiorly.**

• **Enlarged right level IB and both level II adenopathy.**

**Radiology Report**

**Created Date:** 17/02/2021

**Study Done:**

**PLAIN CT CHEST**

**Clinical information : Case of carcinoma tongue. To rule out lung metastasis**

No discrete pulmonary nodules.

Right lower lobe posteriobasal lung segments show atelectatic changes and pleural bands.

Right upperlobe apical segment shows few pleural based nodules.

No areas of consolidation / bronchiectatic changes.

No pleural effusion.

Tracheobronchial tree is normal.

No significant mediastinal adenopathy.

Bones are normal.

**Impression:**

1. **No metastatic pulmonary nodules.**

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 19/02/2021

**Received on :** 19/02/2021

**Reported Date :** 24/02/2021

**Clinical Impression :**

Carcinoma tongue

**Gross Description :**

Received in formalin are 13 specimens.

The Ist specimen labelled "WLE specimen tongue tagged double anterior and single superior"consists of portion

of tongue whole measuring 7.5x4.5x3.5cm. Lateral aspect shows a grey white ulcerative lesion measuring

4x2.5x2.7cm. Depth of invasion - 2.5cm. The lesion is

1cm from anterior mucosal and soft tissue margin

1.1cm from superomedial mucosal margin

1cm from lateral mucosal and soft tissue margin

2.5cm from posterior mucosal and soft tissue margin

Abutting the inferior soft tissue margin and

0.5cm from medial soft tissue margin

Representative sections are submitted as follows:

A1 - Anterior mucosal and soft tissue margin (radial)

A2 - Superomedial and soft tissue margin (radial)

A3- Superior soft tissue margin

A4- Lateral mucosal and soft tissue margin (radial)

A5 -Posterior mucosal and soft tissue margin (radial)

A6 - Medial soft tissue margin (radial)

A7 - Maximum depth of invasion.

A8 to A11- Tumour proper

B) Specimen II labelled "Additional inferior deep soft tissue margin" consists of grey brown tissue with

fibrofatty tissue measuring 2x2x1cm. Entire specimen submitted in cassettes B1 to B3.

C)Specimen III labelled "Additional deep margin" consists of 2 grey brown tissue bit measuring

1x1x0.5cm.Entire specimen submitted in cassette C.

D) Specimen IV labelled "Level IA" consists of nodular fibrofatty tissue measuring 3.5x2x0.5cm. Grossly one

lymph node identified measuring 0.5cm in greatest dimension. Entire specimen submitted in cassettes D1 & D2.

E) Specimen V labelled "Right level II B" consists of nodular fibrofatty tissue measuring 4.5x4x2cm. Grossly 4

lymph nodes identified. Largest 1.5cm in greatest dimension and smallest measuring 0.7cm in greatest

dimension. Representative sections are submitted in cassettes E1 to E6.

F) Specimen VI labelled "level II A right" consists of nodular fibrofatty tissue measuring 2.5x3x1cm. Grossly 5

lymph nodes identified, largest measuring 2cm in greatest dimension. Smallest measuring 0.5cm in greatest

dimension. Cut surface of nodes appear grey white and gritty. Representative sections are submitted in cassettes

F1 to F4.

G) Specimen VII labelled "Level II B right" consists of nodular fibrofatty tissue whole measuring 2.5x2x1cm.

Grossly 1 lymph node identified measuring 0.7cm in greatest dimension. Entire specimen submitted in cassettes

G1& G2.

H) Specimen VIII labelled "level III lymph node right" consists of nodular fibrofatty tissue whole measuring

4x3x1cm. Grossly 4 lymph nodes, largest identified measuring 1.4cm in greatest dimension. Smallest measuring

0.5cm in greatest dimension. Representative sections are submitted in cassettes H1 to H5.

J) Specimen IX labelled " Level IV right" consists of nodular fibrofatty tissue measuring 2.5x1.8x0.8cm. 6

lymph nodes identified, largest measuring 1cm, smallest measuring 0.6cm. Entire specimen submitted in

cassettes J1 & J2.

K) Specimen X labelled "Left level I B" consists of nodular fibrofatty tissue whole measuring 4x3x1.5cm. 6

lymph node identified. Largest measuring 0.8cm in greatest dimension.Smallest measuring 0.5cm in greatest

dimension.Representative sections submitted in cassettes K1 to K3.

L) Specimen XI labelled "Left level II A" consists of nodular fibrofatty tissue measuring 3.5x1.5x1cm. 6 lymph

nodes identified. Largest measuring 1.3cm in greatest dimension.Smallest measuring 0.5cm in greatest

dimension.Entire specimen submitted in cassettes L1 to L4.

M) Specimen XII labelled "Left level III"consists of nodular fibrofatty tissue measuring 2.8x1.2x1cm. 8 lymph

node identified,largest measuring 1cm in greatest dimension.Smallest measuring 0.5cm in greatest dimension.

Entire specimen submitted in cassettes M1 to M3.

N) Specimen XIII labelled "Left level IV"consists of single nodular fibrofatty tissue measuring 1x1x0.7cm.

Entire specimen submitted submitted in cassette N.

**Microscopic Description :**

A)Sections show focally ulcerated hyperplastic stratified squamous epithelium with an infiltrative neoplasm

arising from it. The tumour shows diffuse sheets and nests of tumour cells with few small clusters and the

invasive front.The cells are polygonal with enlarged vesicular nuclei, prominent nucleoli and abundant

eosinophilic cytoplasm. The tumour infiltrates the underlying muscle with depth of invasion 2.8cm. Mitosis is

brisk (3-4/ hpf) with presence of atypical mitosis. Also seen is the sublingual salivary gland tissue which show

focal infiltration by tumour. No LVE seen. PNI noted. Mild to moderate patchy lymphocyte infiltrate seen at

interface. Extensive areas of haemorrhage seen. All margins are free of tumour closest is inferior deep inked

margin which is abutting the tumor and is <1mm.

B) Additional soft tissue margin -show salivary gland -free of tumour

C) Additional deep margin :free of tumor

D) Level I A -One lymph node with muscle and fibroadipose tissue -free of tumour (0/1)

E) Right level I B -4 lymph nodes and salivary gland tissue seen. One lymph node show tumour deposit of 6mm.

No extranodal extension seen (1/4)

F) Right level II A - 2 of 12 lymph nodes show tumour deposit,largest measuring 1.2cm. No extranodal

extension seen (2/12)

G) Right level II B - 13 lymph nodes with salivary gland, free of tumour (0/13)

H) Right level III - 1 of 7 lymph nodes show subcapsular tumour deposit of 1mm. No ENE (1/7)

J)Right level IV - 13 lymph nodes seen-free of tumour (0/13)

K) Left level I B - 6 lymph nodes seen-free of tumour (0/6)

L) Left level II A-12 lymph nodes seen- free of tumour (0/12)

M) Left level III- 11 lymph nodes seen free of tumour (0/11)

N) Left level IV-2 lymph nodes-free of tumour (0/2)

**Impression :**

Subtotal glossectomy+ bilateral nodal dissection:

- Poorly differentiated squamous cell carcinoma

- Tumour size 4x2.5x2.7 cm.

- Depth of invasion - 2.8 cm

- PNI seen -score 1

- No LVE

- WPOI - Pattern 4-score 2

- LHR - pattern 1 - score 1

- Intermediate risk group

- Lymph nodes -4/81 show metastasis. No extranodal extension seen

- Margins - All margins are free of tumour closest is inferior deep inked margin which is abutting the tumor and

is <1mm. However ,additional margins taken are free of tumour

AJCC Stage - pT3N1b

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| **Date of Admission :**15/02/2021 | **Date of Procedure :**18/03/2021 |

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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 Right Tongue cT4aN2cM0 |

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| **PROCEDURE DONE :** |
| Mandibulotomy approach, WLE + B/L SND (Right I-IV, Left I-III) + RAFF under ga on 18-02-2021(Head and Neck Major Resection+ Neck Dissection +Reconstruction for cancer defect Grade II ) |

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| **DRUG ALLERGIES :** Not known |

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| **HISTORY :** |
| 35 year old male patient came with ulcer on right side of tongue since 1mth. Associated with difficulty in mouth opening. H/o odynophagia present, no tooth loss, no bleeding, no neck swelling, lost of 6 kg in 1.5 month. Came here for further management |

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| **MEDICINE ON ADMISSION :** |
| Nil |

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| **PAST HISTORY :** |
| No h/o DM/ HTN/ DLP/ Asthma/ TB/ Seizures/ CAD / CVA / Thyroid Dysfunction |

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| **PERSONAL HISTORY :** |
| Bowel and bladder normal |

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| **FAMILY HISTORY :** |
| Nil significant |

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| **CLINICAL EXAMINATION :** |
| On examination GC fair Vitals stable L/e mo- 2 fb dentate tongue deviated to right 4x2 cm up extending from molar to BOT,FOM NECK- right level1b,2+ |

**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** |
| 16/02/2021 | 11.8 | 38.5 | 281 | 9.22 | 48.2 | 38.4 | 4.2 | - |
| 18/02/2021 | 9.8 | 31.6 | 260 | 18.41 | 87.6 | 6.2 | 0.0 | - |
| 19/02/2021 | 9.0 | 28.1 | 240 | 17.80 | 79.0 | 14.3 | 0.0 | - |
| 20/02/2021 | 8.1 | 25.1 | 197 | 13.97 | 81.3 | 12.4 | 0.0 | - |
| 21/02/2021 | 7.6 | 24.4 | 214 | 10.77 | 78.1 | 14.5 | 0.5 | - |
| 22/02/2021 | 9.3 | 29.3 | 269 | 9.30 | 73.7 | 16.2 | 1.3 | - |

**Renal Function Test and Serum Electrolytes:**

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| **Date:** | **Urea: mg/dl** | **Creatinine: mg/dl** | **Na+: mEq/L** | **K+: mEq/L** |
| 16/02/2021 | 27.9 | 0.95 | - | - |
| 17/02/2021 | - | - | 139.2 | 4.2 |
| 18/02/2021 | 20.7 | 0.79 | 138.2 | 4.1 |
| 21/02/2021 | - | - | 135.8 | 3.7 |

Date: 22/02/2021

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| RBC-COUNT-Blood : 3.70 M/uL | MCV-Blood : 79.2 fL |

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| MCH-Blood : 25.1 pg | MCHC-Blood : 31.7 g/dl |

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| RDW-Blood : 14.9 % | MPV-Blood : 10.7 fL |

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| MONO -Blood : 8.2 % | BASO-Blood : 0.6 % |

Date: 21/02/2021

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| RBC-COUNT-Blood : 3.09 M/uL | MCV-Blood : 79.0 fL |

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| MCH-Blood : 24.6 pg | MCHC-Blood : 31.1 g/dl |

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| RDW-Blood : 15.1 % | MPV-Blood : 11.5 fL |

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| MONO -Blood : 6.5 % | BASO-Blood : 0.4 % |

Date: 20/02/2021

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| RBC-COUNT-Blood : 3.33 M/uL | MCV-Blood : 75.4 fL |

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| MCH-Blood : 24.3 pg | MCHC-Blood : 32.3 g/dl |

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| RDW-Blood : 15.7 % | MPV-Blood : 10.6 fL |

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| MONO -Blood : 6.2 % | BASO-Blood : 0.1 % |

Date: 19/02/2021

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| RBC-COUNT-Blood : 3.61 M/uL | MCV-Blood : 77.8 fL |

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| MCH-Blood : 24.9 pg | MCHC-Blood : 32.0 g/dl |

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| RDW-Blood : 15.3 % | MPV-Blood : 11.3 fL |

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| MONO -Blood : 6.3 % | BASO-Blood : 0.4 % |

Date: 18/02/2021

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| PT[Prothrombin Time with INR]-Plasma : 14.10/14.0/1.01 sec | RBC-COUNT-Blood : 4.02 M/uL |

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| MCV-Blood : 78.6 fL | MCH-Blood : 24.4 pg |

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| MCHC-Blood : 31.0 g/dl | RDW-Blood : 15.2 % |

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| MPV-Blood : 10.5 fL | MONO -Blood : 5.6 % |

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| BASO-Blood : 0.6 % |  |

Date: 17/02/2021

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

Date: 16/02/2021

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| HBs Ag Test - Emergency Screen : 0.19 : Non reactive | Anti HCV - Emergency Screen : 0.05 : Non reactive |

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| HIV - Emergency Screen(P24 Ag and HIV 1 and 2 Ab) : 0.13 : Non reactive | Glucose [Urine] : Negative mg/dl |

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| Bilirubin [Urine] : Negative umol/L | Ketone [Urine] : Negative mmol/L |

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| Specific Gravity-urine : 1.025 NONE | Blood [Urine] : Negative EU |

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| Urobillinogen-urine : Normal umol/L | Urine pH : <=5.0 NONE |

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| Nitrite-urine : Negative | Clarity-urine : Clear |

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| Color-urine : Light Yellow | Leucocytes-urine : Negative |

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| Pus Cells : 0-2HPF NONE | Urine Protein : Negative |

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| Hyaline Cast : NIL | Red Blood Cell : NIL NONE |

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| Epithelial cells : NIL | Trichomonad : ABSENT |

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| Granular Cast : NIL | Calcium Oxalate : NIL |

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| Bacteria Urine : ABSENT | Amorphous phosphate : NIL |

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| Uric acid crystals : NIL | Mucus : PRESENT |

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| Yeast cells : NIL | Triple Phosphate : NIL |

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| Other sediment findings : NIL | Blood typing; ABO and RhD : B Rh D Positive |

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| PT[Prothrombin Time with INR]-Plasma : 12.70/14.0/0.89 sec | Glucose [R]-Plasma : 95.5 mg/dl |

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| APTT[Activated Partial Thrombo-Plasma : 28.5/32 s | RBC-COUNT-Blood : 4.80 M/uL |

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| MCV-Blood : 80.2 fL | MCH-Blood : 24.6 pg |

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| MCHC-Blood : 30.6 g/dl | RDW-Blood : 15.2 % |

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| MPV-Blood : 10.7 fL | MONO -Blood : 8.8 % |

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| BASO-Blood : 0.4 % |  |

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| MRI HEAD AND NECK Clinical informtaion: Case of carcinoma right lateral border of tongue. Nasopharynx appear normal. An enhancing 2.3 x 3.6 x 2.7 cm lesion is seen involving the right middle and posterior third of oral tongue extending till the midline medially, extending into the tonsilo lingual sulcus posteriorly and into the sublingual space inferiorly. The lesion is seen showing diffusion restriction.Mylohyoid is intact Few enlarged right level IB and II nodal stations, largest measuring 21 x 9 mm. No other enhancing lesions are seen. Larynx appear normal. Bilateral parotid and submandibular salivary glands are normal. Carotid and IJV appear normal. Thyroid gland appear normal. Bones show normal signal Impression: An enhancing lesion is seen involving the right middle and posterior third of oral tongue extending till the midline medially, extending into the tonsilo ingual sulcus posteriorly and into the sublingual space inferiorly. Enlarged right level IB and both level II adenopathy. |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| The patient got admitted with above mentioned complaints. All relevant investigations were done. Underwent Mandibulotomy approach, WLE + B/L SND (Right I-IV, Left I-III) + RAFF under ga on 18-02-2021. Intra and post operative period was uneventful with no major issues. Drains were removed on POD2 . Decannulated on POD7. Sutures and clips were removed on POD9 . RT removed on POD10. Few clips left insitu on hand.The patient is being discharged with the following advice At the time of discharge the patient was afebrile and stable |

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| **OPERATIVE FINDINGS :** |
| Diagnosis: Carcinoma Right Tongue cT3/4aN2cM0 Surgery: Mandibulotomy approach, WLE + B/L SND (Right I-IV, Left I-III) + RAFF under ga on 18-02-2021. Findings: 3x3cm upg involving the right lateral border tongue, 3cm away from the tip, with surrounding induration crossing midline. Lesion just reaching the BOT. B/L Significant nodes noted at the level-I,II and III. Procedure: Nasotracheal intubation done and patient was taken under ga with sterile and aseptic precautions. Patient positioned, cleaned and draped. Mandibulotomy f/b Wide Local Excision: Midline lipsplit with z-plasty incision made, incision joined with transverse skin crease incision. Level-IA and Right level-IB cleared with preserving the facial artery and vein. Anteriorly mandible skeletenized and pre-plating done with Non-recon 7-hole(10mm screws) and 5hole(8mm screws) plates. Mandibulotomy done b/w right lateral incisor and canine. 3x3cm upg involving the right lateral border tongue, 3cm away from the tip, with surrounding induration crossing midline. Lesion just reaching the BOT. Taking adequate margins wide local excision done. Hemostasis achieved. Defect was repaired with RAFF. B/L Selective neck dissection: Transverse Skin crease incision made. Subplatysmal flaps elevated superiorly till angle of mandible, inferiorly till clavicle. Ipsilateral and contralateral anterior belly of digastric muscle defined. Fibrofatty tissue from the level-Ia taken and sent for hpe. Right Facial artery and common facial vein identified and ligated stump preserved for end-to-end anastomosis. Significant 2x1cm peri-facial lymph nodes and level-Ib fibrofatty tissue along with submandibular gland removed in toto and sent for hpe. Right External jugular vein identified and stump preserved for anastomosis. Right Sternomastoid retracted laterally ijv, carotids and spinal accessory nerves preserved. Level-IIa, IIB, III and IV lymphnodes and fibrofatty tissue removed and sent for hpe seperately. Hemostasis acheived. Same steps repeated on left side for level-IB,II and III clearance. Valsalva given to check bleeding no active bleeding seen. 14# romovac drain secured. Wound closed in layers. Left Radial Forearm Free Flap: - 14 x 6 cm flap marked at the distal left forearm. - Under aseptic precautions and tourniquet control. - Distal wrist crease incision given, radial artery pedicle identified and clamped Tourniquet released and vascularity of the hand confirmed. - Medial longitudinal skin incision given, suprafacial dissection done till the FCR tendon - Radial longitudinal skin incision given and suprafacial dissection done till brachioradialis. - Brachioradialis undermined and retracted laterally, radial artery pedicle dissected. - Fasciocutaneous paddle raised pedicled by the lateral intermuscular septum and radial artery pedicle. - Proximally, incision from skin paddle to the antecubital fossa given, subcutaneous dissection to elevate skin flaps medially and laterally. - Radial artery pedicle followed to the antecubital fossa using ligaclips and bipolar cautery for the small vascular branches to the underlying musculature. - Dorsal superficial radial nerve preserved - Cephalic vein included in the flap - The bifurcation of the brachial artery identified, radial artery pedicle divided distal to it. - Flap harvested and delivered. - Donor area resurfaced with SSG distally and closed primarily proximally after securing haemostasis and placing drain. - Flap inset into the defect. - Anastomosis done - flap artery to facial artery, venae commitantes to facial vein. - Haemostasis secured. Flap vascularity confirmed. |

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

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

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| **DIET RECOMMENDATIONS :** |
| Soft blend diet |

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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 1-0-1 x 7 days Tab Dolo 650mg 1-1-1x7days and sos Tab Pan 40mg 1-0-0x7days Tab. ultracet 1tab 1-0-1 Tab Zolfresh 5mg 0-0-1 SOS Syp looz 15mg 0-0-1x sos Syp Ascoril 10ml 1-0-1x5days Cap Myoril 4mg 1-0-1 Chlorehexidine mouth wash 1-1-1-1 and after every meals |

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

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|  | **TB Date:**  10/02/2021 |
| **Diagnosis date:**  06/02/2021 | **Tumour Type:** Primary |

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| **Presenting Complaints: Ulcer** | | |
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| **Descriptive History and Examination:**  c/o ulcer on right side of tongue- 1mth ass with difficulty in mouth opening h/o odynophagia+ no tooth loss no bleeding no neck swelling LOW of 6 kg in 1.5 mths   |  | | --- | | **Others:**  KPS-90 L/E- mo- 2 fb dentate tongue deviated to right 4x2 cm UP on right lateral border tongue extending from first molar to BOT extending to FOM and lower GBS scopy- norma Neck- level1b, II largest measuring 2x1cm tender,mobile, hard | |  | | |  |  | | --- | --- | | **Primary:**  Impression : Ulcer tongue biopsy - Moderately differentiated squamous cell carcinoma. |  | | | |  | | | |  | | --- | |  | | | | |  |  | | --- | --- | | **Descriptive Plan:**  Imp: Ca tongue T4aN2bMx pLAN: biospy results awaited MRI HN with contrast Ct chest WLE+I/L ND+segmental mandibulectomy+STF decision pending on imaging | **Histopathology Descriptive Plan:**  Subtotal glossectomy+ bilateral nodal dissection: - Poorly differentiated squamous cell carcinoma - Tumour size 4x2.5x2.7 cm. - Depth of invasion - 2.8 cm - PNI seen -score 1 - No LVE - WPOI - Pattern 4-score 2 - LHR - pattern 1 - score 1 - Intermediate risk group - Lymph nodes -4/81 show metastasis. No extranodal extension seen - Margins - All margins are free of tumour closest is inferior deep inked margin which is abutting the tumor and is <1mm. However ,additional margins taken are free of tumour AJCC Stage - pT3N1b Plan: Adjuvant RT rediscussed on 03/08/2021 PETCT post RT showing posterior tongue lesion with lung mets Plan: To plan for palliative EXTREME protocol MEd onco consult | |  |  | | | | | **Progress Notes**  **Date : 06/02/2021**  **ProgressNotes :**  ulcer on right side of tongue- 1mth  ass with difficulty in mouth opening  h/o odynophagia+  no tooth loss  no bleeding  no neck swelling  LOW of 6 kg in 1.5 mths  S+  L/E-mo- 2 fb  dentatate  tongue edevaited to right  4x2 cm UP eXTENDING FROM MOLAR TO bot  also to FOM and GBS  NECK- level1b,2+  VLS-nad  imp: Ca tongue T4aN2bMMx  Adv: biopsy under LA - done  mri hn WITH CONTRAST  ct CHEST  pLAN:wle+nd+stf  **Operation Notes**  **Date : 18/02/2021**  **ProgressNotes :**  Diagnosis:  Carcinoma Right Tongue cT3/4aN2cM0  Surgery:  Mandibulotomy approach, WLE + B/L SND (Right I-IV, Left I-III) + RAFF under ga on 18-02-2021.  Findings:  3x3cm upg involving the right lateral border tongue, 3cm away from the tip, with surrounding induration  crossing midline. Lesion just reaching the BOT.  B/L Significant nodes noted at the level-I,II and III.  Procedure:  Nasotracheal intubation done and patient was taken under ga with sterile and aseptic precautions.  Patient positioned, cleaned and draped.  Mandibulotomy f/b Wide Local Excision:  Midline lipsplit with z-plasty incision made, incision joined with transverse skin crease incision.  Level-IA and Right level-IB cleared with preserving the facial artery and vein.  Anteriorly mandible skeletenized and pre-plating done with Non-recon 7-hole(10mm screws) and 5hole(8mm  screws) plates.  Mandibulotomy done b/w right lateral incisor and canine.  3x3cm upg involving the right lateral border tongue, 3cm away from the tip, with surrounding induration  crossing midline. Lesion just reaching the BOT.  Taking adequate margins wide local excision done.  Hemostasis acheived.  Defect was repaired with RAFF.  **Progress Notes**  **Date : 14/01/2022**  **ProgressNotes :**  casec reviewed  c/o difficulty in mouth opening  taking orally liquids  CT neck done by med onco showin local disease + progression of lung nodules  chemo changed to T.folitrax  continue mouth opening exercise  follow med onco, pain palliative advice  explianed about no further active surgical intervention, only palliative intent treatment(chemo/symptomatic  care)  medical onco  **Progress Notes**  **Date : 21/02/2022**  **ProgressNotes :**  36 year old male  Carcinoma Right Tongue  PROCEDURE DONE : Mandibulotomy approach, WLE + B/L SND (Right I-IV, Left I-III) + RAFF under ga  on 18-02-2021  HPE-Subtotal glossectomy+ bilateral nodal dissection:  - Poorly differentiated squamous cell carcinoma - Tumour size 4x2.5x2.7 cm. - Depth of invasion - 2.8 cm  -PNI seen -score 1 - No LVE - WPOI - Pattern 4-score 2 - LHR - pattern 1 - score 1 - Intermediate risk group  -Lymph nodes -4/81 show metastasis. No extranodal extension seen - Margins - All margins are free of tumour  closest is inferior deep inked margin which is abutting the tumor and is <1mm. However ,additional margins  taken are free of tumour AJCC Stage - pT3N1b  He receieved Adjuvant RT from 29/03/2021 to 11/05/2021 (Total Dose: 6000 cGy in 30)fractions  DFI- 2 months  Evaluated for cough  WBPET(30/7/21)- \* FDG AVID HETEROGENOUS ENHANCEMENT SEEN IN BASE AND POSTERIOR  1/3RD OF TONGUE ON LEFT SIDE - SUSPICIOUS FOR METABOLICALLY ACTIVE RECURRENT  PRIMARY TONGUE MALIGNANCY. SUGGESTED CLINICAL CORRELATION.  \* FOCAL FDG AVIDITY IN ANTERIOR ASPECT OF HYOID BONE ON RIGHT SIDE WITH NO  DEFINITE CT DETECTED LESIONS ? DISEASE INVOLVEMENT.  \* NO METABOLICALLY ACTIVE CERVICAL LYMPH NODAL METASTASIS.  \* MINIMALLY FDG AVID RIGHT HILAR LYMPH NODE  - ? LYMPH NODAL METASTASIS. \* FDG AVID AND NON AVID MULTIPLE GROUND GLASS  DENSITY, PLEURAL BASED & SOFT TISSUE NODULES AND CAVITATORY NODULES IN  BILATERAL LUNG PARENCHYMA - PULMONARY METASTASES.  \* NO OTHER METABOLICALLY ACTIVE DISTANT METASTASIS.  planned Palliative Chemotherapy with TPEX protocol  He received Cycle I Day 1 TPEX 3/8/2021  Cycle II TPEX on 23/8/2021  Cycle III Day 1 TPEX on 13/9/2021  Cycle III DAY 8 on 21 /09/ 2021  Cycle III DAY 15 on 28 /09/ 2021  Cycle IV / Day 1 TPEX 05/10/2021  PET CT (12/10/21)-WHEN COMPARED TO PREVIOUS WHOLE BODY FDG PET CT DONE ON  23/7/2021, TODAY'S SCAN SHOWS:  \* METABOLIC RESOLUTION OF HETEROGENEOUSLY ENHANCING LESION IN POSTERIOR  1/3RD OF LEFT SIDE OF TONGUE WITH NO INTERVAL CHANGE IN SIZE - RESIDUAL PRIMARY  MALIGNANCY OF TONGUE.  \* MINIMALLY FDG AVID NODULE IN APICOPOSTERIOR SEGMENT OF LEFT LUNG UPPER LOBE  WITH REDUCTION IN FDG UPTAKE. METABOLIC RESOLUTION OF REST OF THE SOFT TISSUE  NODULES IN BILATERAL LUNG PARENCHYMA WITH REDUCTION IN SIZE, NOW TO BE  SUBCENTIMETRIC - RESIDUAL PULMONARY METASTASES.  \* METABOLIC RESOLUTION OF RIGHT HILAR LYMPH NODE.  \* NO NEW FDG AVID LYMPH NODAL / DISTANT LESIONS.  He received 6 2 weekly (Maintenance Cetuximab 1 on 19/10 2021 to Maintenance Cetuximab 6 DATE: 28/12/  2021)  PA- soft BS+  CT neck (10/1/2022):  Imaging features s/o progression of primary lesion with ?pulmonary metastasis.  In view of progression, i have advised regarding 2nd line immunotherapy but he has severe hypothyroidism  To start MTX 30 mg once a week  oral lesion +  O/E PS 1  Chest-clear  On thyronorm 125 od  On MTX 20 mg once a week till TSH improves  PET CT (done outside 16/2/22)  Focal area of metabolic overactivity in the right side of floor of mouth  metabolically active hilar nodal metastasis  metabolically active extensive pulmonaru mtastases  cortical irregularity abd rarefaction in hyoid bone showing metabolic overactivity- metastases  focal area of metabolic overactivity in kidney AND SPLEEN - LIKELY METASTASES  Report shows disease progression  Adv  3 rd line treatment with Nivolumab  Nivolumab 240 mg  PEG insertion  **Speciality :** Radiation Oncology  **D/O Commencement of RT** 29/03/2021 **D/O Completion of RT** 11/05/2021  **FINAL DIAGNOSIS, STAGE AND HISTOLOGY**  Carcinoma Right border of tongue  Poorly differentiated squamous cell carcinoma  pT3N2M0  Completed Adjuvant Radiation therapy using IGRT technique  **CLINICAL HISTORY AND PHYSICAL FINDINGS**  Mr. Hassan Hussain is a 35 year old gentleman who was evaluated for an ulcer on right side of tongue of 1  month duration, which was associated with difficulty in mouth opening. History of significant weight loss ( 6 kg  in 1.5 months )  H/o odynophagia present, no tooth loss, no bleeding, no neck swelling.  O/E  - Mouth Opening - 2 finger breadth  - Dentate  - Tongue deviated to right, lesion 4 x 2 cm up extending from molar to BOT,FOM  Neck nodes: - right level Ib,II  MRI Head and Neck with Contrast (17.02.21):  - An enhancing lesion is seen involving the right middle and posterior third of oral tongue extending till the  midline medially, extending into the tonsilo-ingual sulcus posteriorly and into the sublingual space inferiorly.  - Enlarged right level IB and both level II adenopathy.  He underwent Mandibulotomy approach, WLE + B/L SND (Right I-IV, Left I-III) + RAFF under GA on  18-02-2021.  Subtotal glossectomy+ bilateral nodal dissection:  - Poorly differentiated squamous cell carcinoma  - Tumour size 4x2.5x2.7 cm.  - Depth of invasion - 2.8 cm  - PNI seen -score 1  - No LVE  - WPOI - Pattern 4-score 2  - LHR - pattern 1 - score 1  - Intermediate risk group  - Lymph nodes -4/81 show metastasis. No extranodal extension seen  - Margins - All margins are free of tumour closest is inferior deep inked margin which is abutting the tumor and  is <1 mm. However , additional margins taken are free of tumour  AJCC Stage - pT3N2  He was referred for adjuvant radiation therapy. He was planned for radiation therapy with IGRT technique after  dental prophylaxis.  O/E:  PS1  Weight 50Kg  Trismus +  Tongue plastered to the floor.  Able to swallow soft diet.  Lacks syllable clarity on speaking  No palpable neck nodes.  **INVESTIGATIONS :**  **Haemogram:**  **Date: Hb: g/dl PCV: % PLT:**  **ku/ml**  **TC:**  **ku/ml**  **DC: N % L:% E: % ESR:**  **mm/1st hr**  05/04/2021 11.5 36.4 547 9.83 73.8 14.9 3.2 -  16/04/2021 11.0 35.6 331 7.91 84.7 5.6 2.4 -  26/04/2021 10.7 33.9 294 11.65 85.1 4.5 1.9 -  05/05/2021 11.4 36.7 422 10.12 87.0 3.8 0.9 -  **Renal Function Test and Serum Electrolytes:**  **Date: Urea: mg/dl Creatinine: mg/dl Na+: mEq/L K+: mEq/L**  05/04/2021 - 0.77 136.6 4.5  16/04/2021 - 0.68 - -  05/05/2021 - - 134.3 4.7  Date: 05/05/2021  RBC-COUNT-Blood : 4.78 M/uL MCV-Blood : 76.8 fL  MCH-Blood : 23.8 pg MCHC-Blood : 31.1 g/dl  RDW-Blood : 14.3 % MPV-Blood : 8.9 fL  MONO -Blood : 7.9 % BASO-Blood : 0.4 %  Date: 26/04/2021  RBC-COUNT-Blood : 4.42 M/uL MCV-Blood : 76.7 fL  MCH-Blood : 24.2 pg MCHC-Blood : 31.6 g/dl  RDW-Blood : 13.6 % MPV-Blood : 9.2 fL  MONO -Blood : 8.0 % BASO-Blood : 0.5 %  Date: 16/04/2021  RBC-COUNT-Blood : 4.60 M/uL MCV-Blood : 77.4 fL  MCH-Blood : 23.9 pg MCHC-Blood : 30.9 g/dl  RDW-Blood : 13.5 % MPV-Blood : 9.3 fL  MONO -Blood : 6.8 % BASO-Blood : 0.5 %  Date: 05/04/2021  RBC-COUNT-Blood : 4.63 M/uL MCV-Blood : 78.6 fL  MCH-Blood : 24.8 pg MCHC-Blood : 31.6 g/dl  RDW-Blood : 13.6 % MPV-Blood : 9.0 fL  MONO -Blood : 7.5 % BASO-Blood : 0.6 %  **HISTOPATHOLOGY REPORTS**  Subtotal glossectomy+ bilateral nodal dissection:  - Poorly differentiated squamous cell carcinoma  - Tumour size 4x2.5x2.7 cm.  - Depth of invasion - 2.8 cm  - PNI seen -score 1  - No LVE  - WPOI - Pattern 4-score 2  - LHR - pattern 1 - score 1  - Intermediate risk group  - Lymph nodes -4/81 show metastasis. No extranodal extension seen  - Margins - All margins are free of tumour closest is inferior deep inked margin which is abutting the tumor and  is <1 mm. However , additional margins taken are free of tumour  AJCC Stage - pT3N2  **RADIOLOGY AND NUCLEAR MEDICINE REPORTS**  MRI Head and Neck with Contrast (17.02.21):  - An enhancing lesion is seen involving the right middle and posterior third of oral tongue extending till the  midline medially, extending into the tonsilo-ingual sulcus posteriorly and into the sublingual space inferiorly.  - Enlarged right level IB and both level II adenopathy.  Treatment Given:  **SURGERY DETAILS :**  Surgery: Mandibulotomy approach, WLE + B/L SND (Right I-IV, Left I-III) + RAFF under ga on 18-02-2021.  Findings: 3x3cm upg involving the right lateral border tongue, 3cm away from the tip, with surrounding  induration crossing midline. Lesion just reaching the BOT. B/L Significant nodes noted at the level-I,II and III.  Procedure: Nasotracheal intubation done and patient was taken under ga with sterile and aseptic precautions.  Patient positioned, cleaned and draped. Mandibulotomy f/b Wide Local Excision: Midline lipsplit with z-plasty  incision made, incision joined with transverse skin crease incision. Level-IA and Right level-IB cleared with  preserving the facial artery and vein. Anteriorly mandible skeletenized and pre-plating done with Non-recon  7-hole(10mm screws) and 5hole(8mm screws) plates. Mandibulotomy done b/w right lateral incisor and canine.  3x3cm upg involving the right lateral border tongue, 3cm away from the tip, with surrounding induration  crossing midline. Lesion just reaching the BOT. Taking adequate margins wide local excision done. Hemostasis  achieved. Defect was repaired with RAFF. B/L Selective neck dissection: Transverse Skin crease incision made.  Subplatysmal flaps elevated superiorly till angle of mandible, inferiorly till clavicle. Ipsilateral and contralateral  anterior belly of digastric muscle defined. Fibrofatty tissue from the level-Ia taken and sent for hpe. Right Facial  artery and common facial vein identified and ligated stump preserved for end-to-end anastomosis. Significant  2x1cm peri-facial lymph nodes and level-Ib fibrofatty tissue along with submandibular gland removed in toto  and sent for hpe. Right External jugular vein identified and stump preserved for anastomosis. Right  Sternomastoid retracted laterally ijv, carotids and spinal accessory nerves preserved. Level-IIa, IIB, III and IV  lymphnodes and fibrofatty tissue removed and sent for hpe seperately. Hemostasis acheived. Same steps repeated  on left side for level-IB,II and III clearance.  **RADIATION DETAILS :**  Intent: Curative [Adjuvant Radiation therapy]  Technique: IGRT  Site of Disease: Ca Right Lateral Border tongue  Cat Scan Simulation on 22/03/2021  Complex Computerised Treatment Planning on 29/03/2021  RT Started on 29/03/2021  RT Completed on 11/05/2021  Treatment breaks- Nil  Total Dose: 6000 cGy in 30 fractions  **Primary Tumour And Drainage Area :**  Site: PTV 60Gy: Tongue + Surgical bed + B/L Level I, II ,III + R Level IV-A  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: PTV 54Gy: B/L Level IVb, V, VI + L Level IVa  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.  **TREATMENT COURSE :**  35 year old gentleman who was diagnosed as a case of Carcinoma Right border of  tongue. He received Adjuvant Radiation therapy using IGRT Technique and completed the full course of  treatment prescribed to him well without interruptions. He is on step III analgesics before starting RT and is  taking semi solid diet orally. He has grade 1 skin reaction and grade 2 mucositis on completion.  **ADVICES AT DISCHARGE, MEDICATIONS AND FURTHER PLAN**  1. Review after 2 weeks in RT OPD.  2. Review after 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 every 6 months].  2. TFT [T3, T4, TSH] every 6 months routinely to rule out post RT hypothyroidism.  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:  1. High calorie feeds: 3500 calorie and 120 gm protein with mineral and vitamin supplementation in 2.5 liters of  liquid diet. Orally as tolerated. | | |  |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | |  |  | | | | |