**Radiology Report**

**Created Date:** 18/05/2016

**Study Done:**

**CT CHEST - CONTRAST**

***Clinical information: Patient is known case of Ca tongue on follow up.***

A tiny hyperdense nodule measuring 7 x 6mm in the inferior lingular lobe with an atelectatic band along it.

Lesion is too small to characterize.

Remaining lung parenchyma appears normal.

Mediastinum appears normal with few tiny millimetric paraaortic lymphnodes.

Few enlarged supraclavicular lymphnode seen , largest measuring 0.7cm on right side and 1.3cm on left side.

Few enlarged bilateral axially lymphnodes with preserved fatty hilum.

Bones appears normal. No sclerotic / lytic lesions.

**Impression:**

• **A tiny nodule along fibrotic band in left inferior lingular lobe. Lesion is too small to**

**characterize.**

• **Few enlarged bilateral supraclavicular lymphnode.**

**Radiology Report**

**Created Date:** 18/05/2016

**Study Done:**

MRI OF TONGUE [CONTRAST]

Sequences.

Axial, T2, DWI, 3D, T1+C, FSPGR 3D

Coronal, Cube T1, T2, T1+C

Sagittal, T1+C, T2 Propeller

A well defined heterogeneously enhancing lesion noted on 3D, T1+C sequence involving the right lateral border

and dorsum of anterior and middle third of oral tongue measuring 39.4 x 26.9 x 31.3 mm( Volumne 16.3 cc).

Lesion is involves the sublingual space, lingual septum and seen to cross over to the opposite side.

The sublingual gland, right genioglossus, styloglossus, hyoglossus appear involved. Myelohyoid is free.Right

sublingual salivary gland appear hypertrophied.

Level Ia, bilateral level Ib, II and III nodes seen. Few rounded suspicious enhancing nodes noted in Ia, (largest

7.4 x 7.7 mm), right II measures 20 x 12.4 mm and right level III measures 20.6 x 11.5 mm.

Total volume of tongue is 91.7 cc.

The lesion shows an ADC of 0.00108 and normal site that of 0.00121.

**Impression:**

***Biopsy proven case of Ca Tongue.***

• **Well defined heterogeneously enhancing lesion noted involving the right lateral border &**

**dorsum of tongue.**

• **Suspicious enhancing neck nodes on right as described.**

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| **SURGICAL PATHOLOGY REPORT** |

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| |  |  | | --- | --- | | **Date of sample collection :**  23/05/2016 |  | |
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| |  | | --- | | **Clinical Impression :**  Ca tongue | |  | |
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| |  | | --- | | **Microscopic Description :**  Biopsy showing tissue fragment lined by hyperplastic mucosa and an infiltrating neoplasm in the subepithelial region composed of dysplastic squamous cells in sheets, cords and anastomosing trabeculae. Cells show moderate degree of pleomorphism with occasional mitosis. Perineural invasion seen. Stroma shows desmoplasia with mild lymphocytic sprinkling. | |  | |
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| |  | | --- | | **Diagnosis :**  Slide and block review: Moderately differentiated squamous cell carcinoma,tongue biopsy. | |

**RADIOLOGY REPORT**

**Created Date:** 31/05/2016

**Study Done:**

**ULTRASOUND OF NECK**

Collection noted in the subcutaneous plane crossing the midline to either side superficial to strap muscles (about

15 cc).

Carotid & jugular vessels appear nromal.

Thyroid gland appear nromal.

**SURGICAL PATHOLOGY REPORT**

**Date of sample collection :** 23/05/2016

**Received on :** 23/05/2016

**Reported Date :** 28/05/2016

**Clinical Impression :**

Ca. tongue

**Gross Description :**

Received in formalin are 17 specimens. The Ist specimen labelled "Total glossectomy specimen", consists of

tongue whole measuring 8.5x3.5x2.5cm. Dorsum of tongue shows an ulcerated lesion on the right lateral

border measuring 3.2cm (anteroposterior)x 2.1cm (superioinferior)x 2.4cm (mediolateral). Lesion is situated at a

distance of 0.5cm from posterior mucosal margin, 4.5cm from left lateral mucosal margin, abutting right lateral

mucosal margin, involving deep soft tissue margin and 1.3cm from anteroinferior mucosal margin. Tongue was

sliced serially. Slice 3-8 shows the lesion with corresponding areas in slide 8,9,10 showing grey white from areas

lesion measuring 1.5 (A-P)x 1 (S-I)x1 (M-L)cm. Representative sections are submitted as follows:

A1 - Right radial mucosal margin

A2 - Left lateral soft tissue margin

A3 - Posterior shaved margin

A4 - Involved deep soft tissue margin

A5 - Antero-inferior margin

A6 - Grey white area from slice 8

A7 - Grey white area slice 9

A8 - Grey white area slice 10

A9 to A11 -RTS from lesion.

Specimen II labelled"Left level IIa", consists of 2 nodular tissue bit whole measuring 3x2x1.5cm. Other

measuring 2.5x1.5x1cm. 8 lymph nodes identified largest measuring 1.8cm in greatest dimension.

Representative sections are submitted in cassettes B1 to B4.

Specimen III labelled "Left level IIB", consists of single fibrofatty tissue 2.5x2x0.8cm. 10 lymph nodes

identified, largest measuring 1.2cm in greatest dimension. Representative sections are submitted in cassettes C1

to C5.

Specimen IV labelled "Left level III", consists of 2 fibrofatty tissue in aggregate measuring 3.8x2.5x1cm. 6

lymph nodes identified, largest measuring 2.4cm. Representative sections are submitted in cassettes D1 to D3.

Specimen V labelled "Left level IV", consists of fibrofatty tissue measuring 3x2x1cm. 5 lymph nodes

identified. Largest measuring 1.1cm in greatest dimension. Representative sections are submitted in cassettes

E1 & E2.

Specimen VI labelled "Left level V" consists of multiple fibrofatty tissue in aggregate measuring 3x2x1cm. 2

lymph nodes identified, largest measuring 0.6cm in greatest dimension. Sections submitted in cassettes F1 & F2.

Specimen VII labelled "Right level IIa", consists of a single fibrofatty tissue measuring 6x3x1.5cm. 17 lymph

nodes identified, largest measuring 2.5cm in greatest dimension. Representative sections are submitted in

cassettes G1 to G8.

Specimen VIII labelled "Right level IIB", consists of nodular tissue bit measuring 2.5x2x1cm. 4 lymph nodes

identified largest measuring 0.7cm in greatest dimension. Representative sections are submitted in cassettes H1

to H3.

Specimen IX labelled "right level III", consists of single nodular tissue bit measuring 3.5x2x0.8cm. 4 lymph

nodes identified. Largest measuring 1cm in greatest dimension. Representative sections are submitted in

cassettes J1 & J2.

Specimen X labelled "Right level IV lymph nodes" consists of nodular tissue bit measuring 3.5x2.5x0.8cm. 3

lymph nodes identified largest measuring 1cm. Representative sections are submitted in cassette K.

Specimen XI labelled "consists of fibrofatty tissue in aggregate measuring 5x4x1.5cm. 7 lymph nodes

identified, largest measuring 1.5cm in greatest dimension. Representative sections are submitted in cassettes L1

to L4.

Specimen XII labelled "right level Ia", consists of single fibrofatty tissue measuring 5.5x2.5x1cm. 3 lymph nodes

identified, largest measuring 1.2cm in greatest dimension. Representative sections are submitted in cassette M.

Specimen XIII labelled "Right level IB", consists of nodular fibrofatty tissue measuring 6x3.2x2.5cm. 7 lymph

nodes identified largest measuring 1.5cm in greatest dimension. Cut surface shows a salivary gland measuring

4x3.9x2cm. Representative sections are submitted as follows:

N1 - Salivary gland

N2 - Largest lymph node

N3 - 3 lymph nodes

N4 - 2 lymph nodes

N5 - Salivary gland

Specimen XIV labeled "Left level IB", consists of a nodular fibrofatty tissue measuring 5x3.5x3cm. Salivary

gland identified measuring 2.5x2x1cm. Representative sections are submitted as follows:

P1 & P2 - RTS salivary gland

P3 - Largest lymph nodes

P4 - 3 lymph nodes

P5 - 3 lymph nodes

Specimen XV labelled "Additional lateral mucosal margin", consists of single grey white tissue bit measuring

0.4x0.4x0.3cm. Entire specimen submitted in cassette Q.

Specimen XVI labelled "Additional floor of mouth", consists of 2 grey brown tissue bits in aggregate measuring

5x3x2cm. Cut surface shows fibromuscular tissue with a salivary gland measuring 1.5x1x1cm. Representative

sections are submitted in cassettes R1 to R5.

Specimen XVII labelled "Right EJV node ", consists of single node measuring 1cm in greatest dimension.

Entire specimen submitted cassette S.

**Microscopic Description :**

Sections from tongue show an ulcerated neoplasm composed of dysplastic squamous cells in sheets, nests and

anastomosing trabeculae. Cells are polygonal in shape ,show moderate degree of pleomorphism with distinct cell

borders and focal keratinisation. Focal patchy lymphocytic response noted at the interface.

Perineural invasion (>1mm) seen.

No vascular invasion noted .

**Impression :**

Near total glossectomy with bilateral neck dissection and additional margins:

Poorly differentiated squamous cell carcinoma

Tumour dimensions : 4.7x2.1x2.4cm.

Tumour thickness :2.1cm

Depth of invasion :2.1cm

Invasive front : Non-cohesive

Perineural invasion : Seen (>1mm)

Vascular invasion : Absent

Margin clearance:

Right lateral mucosal - 7mm

Right lateral soft tissue - involved

Left lateral mucosal - 45mm

Left lateral soft tissue - Free

Anteroinferior mucosal - 13 mm

Posterior mucosal - 5mm

Deep -1 mm

Additional margins :

Lateral mucosal - Free

Floor of mouth - Free

Dysplasia on margins - absent

Lymph nodes :

Right cervical lymph nodes

Level IA - 3 nodes - free

Level I B- 5 nodes and salivary gland - free

Level II A - 3/5 nodes show tumour

ECS - Seen

Level II B - 4 nodes - free

Level III - 2/4 nodes show tumour

ECS - Seen

Level IV - 3 nodes - free

EJV node - Single node - free

Left cervical

Level II A - 8 nodes - Free

Level II B - !0 nodes - Free

Level III - 1/3 nodes show tumour

ECS - Seen

Level IV - 4 nodes - Free

Level V - 2 nodes - Free

Largest metastatic focus - 1.5cm (right level IIA)

pT3N2c

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| **Date of Admission :**22/05/2016 | **Date of Procedure :**23/05/2016 |

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| **Date of Discharge :**08/06/2016 |

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

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| **DIAGNOSIS :** |
| Carcinoma tongue |

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| **PROCEDURE DONE :** |
| Subtotal glossectomy+ B/L SND + ALT Flap reconstruction + tracheostomy under GA 23.5.16 Re-exploration under GA on 26.5.16 ALT Flap debridement + left radial forearm free flap done under GA on 27.5.2016 |

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| **HISTORY :** |
| C/O non healing ulcer over the right lateral border of tongue noticed 5 months back . h/o repeated trauma with adjacent sharp tooth , it subsequently progressed in size and he was seen in Amala Medical college where a biopsy of the tongue was done - MDSCC. Referred here for further care comorbidities - DM on OHA (irregular) |

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| **CLINICAL EXAMINATION :** |
| O/E - ulcerative lesion noted in the right lateral borger of tongue measuring 2.5x2cm extending 1 cm from tip , posteriorly short of BOT by 1 cm.induration extending across the midline involving the left side of the tongue about 1.5 cm from midline and Induration extending posteriorly to BOT, FOM inferiorly , no ankyloglossia |

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| **COURSE IN THE HOSPITAL AND DISCUSSION :** |
| Patient was admitted for surgery, tolerated the procedure well. He was monitored in the for the first 3 days. On POD3 the flap bleeding was inadequate for which he was re-explored. After re-exploration the flap bleeding was still slowed. The following morning the flap was not bleeding for which he was re-explored, flap was debrided and radial forearm free flap reconstruction was performed. Post operatively he was stable, started on RT feeds and ambulated. He was shifted out of the ICU on POD5 after decannulation. A small collection in the neck was drained for which he was started on injectable antibiotics. He is now comfortable, tolerating RT feeds and pain-free, fit for discharge. He has not had a trial oral feed as of yet |

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| **OPERATIVE FINDINGS :** |
| findings: ulceroinfiltrative lesion involving left lateral border of tongue 3x3cm extending onto floor of mouth upto mylohyiod. b/l level IIA, left Lvel IB showed suspicious lymphadenopathy. procedure: WLE excision of tongue lesion done with 1cm margin where right posterior third of right lateral boder was the only remnant tongue. excision done enblos with left FOM including mylohyiod muscle. b/l SND done. left level IB shows infiltrating lesion involving submnadibular gland, mylohiod and hypoglossal nerve, which where removed. b/l level I-IV clearance done. reconstruction done with ALY flap. with posterior inset to BOT. Flap inset completed after arterial and venous anastamosis. wound closed in layers. S/P ALT flap for CA tongue- ALT Flap debridement + left radial forearm free flap done under GA on 27/05/2016. Procedure notes: patien in supine position parts painted & draped. ALt flap not viable. Flap debrided fully. Thorough wash given. hemostasis achieved in oral acavity. plan for radial forearm flap. Under tourniquet control, 7X 8 cms skin paddle marked on the left distal forearm. Exploratory incision placed on the forearm from the cubtal fosssa to disect the cephalic vein & radial artery and traced distally upto the flap markings. Medial longitudinal skin incision of the flap given. Subfascial dissection done medial to lateral & over the palmaris longus tendon and the flexor carpi radialis tendon without damaging the paratenon on these tendons. The radial longitudinal skin incision given and performed lateral-to-medial subfascial dissection over the large brachioradialis. Brachioradialis tendon is widely undermined the and retracted it laterally. The radial artery pedicle is dissected distally. The cephalic vein is included in the flap. Falp is raised with the vessels disscecting the muscular branched in the forearm. Tourniquet released flap bleeding assessed- good bleeding noted & hemostasis achieved. Vessels ligated & flap harvested. flap donor site closed in layers with drain. Area of 5X 7 cms on the distal foream grafted with SSG harvested from the right thigh. ghraft fixed with staples & 4.0 nylon. Anastomosis :- Radial artery to left superior thyroid artery & cephalic veion to left Common facial vein. Flap bleeding well after anastomosis. drain placed. flap inset done. closure done layers. |

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| **DIET RECOMMENDATIONS :** |
| Ryle's tube feeds 2.5L/day |

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| **PHYSICAL ACTIVITY :** |
| Normal |

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| **DISCHARGE MEDICATION :** |
| Tab DOLO 650 mg 1-1-1 x 3 days then SOS HEXIDINE gargle thrice a day x 2 weeks Tab SPOROLAC 1-1-1 x 5 days |

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| **Tumour Board Discussion** |

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| |  | | --- | | **Relevant clinical details :**  c/o non healing ulcer over the right lateral border of tongue noticed 5 months back . h/o repeated trauma with adjacent sharp tooth , it subsequently progressed in size and he was seen in Amala Medical college where a biopsy of the tongue was done - MDSCC .history of smoking ( 5-8 cigarettes per day for the last 20 years ) and moderate alcohol consumption present with ,. Referred here for further care Comorb - DM on OHA (irregular) O/E - ulcerative lesion noted in the right lateral borger of tongue measuring 2.5x2cm extending 1 cm from tip , posteriorly short of BOT by 1 cm.induration extending across the midline involving the left side of the tongue about 1.5 cm from midline and Induration extending posteriorly to BOT, FOM inferiorly , no ankyloglossia Impression - Carcinoma right lateral border of tongue MDSCC cT2/?3N0M0 | |  | |

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| |  | | --- | | **Agreed Plan of management :**  WLE+ ND (B/L) + STF+ adjuvant therapy | |  | |
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| |  | | --- | | **Histology (include histology done / reviewed elsewhere) :**  Impression : Near total glossectomy with bilateral neck dissection and additional margins: Poorly differentiated squamous cell carcinoma Tumour dimensions : 4.7x2.1x2.4cm. Tumour thickness :2.1cm Depth of invasion :2.1cm Invasive front : Non-cohesive Perineural invasion : Seen (>1mm) Vascular invasion : Absent Margin clearance: Right lateral mucosal - 7mm Right lateral soft tissue - involved Left lateral mucosal - 45mm Left lateral soft tissue - Free Anteroinferior mucosal - 13 mm Posterior mucosal - 5mm Deep -1 mm Additional margins : Lateral mucosal - Free Floor of mouth - Free Dysplasia on margins - absent Lymph nodes : Right cervical lymph nodes Level IA - 3 nodes - free Level I B- 5 nodes and salivary gland - free Level II A - 3/5 nodes show tumour ECS - Seen Level II B - 4 nodes - free Level III - 2/4 nodes show tumour ECS - Seen Level IV - 3 nodes - free EJV node - Single node - free Left cervical Level II A - 8 nodes - Free Level II B - !0 nodes - Free Level III - 1/3 nodes show tumour ECS - Seen Level IV - 4 nodes - Free Level V - 2 nodes - Free Largest metastatic focus - 1.5cm (right level IIA) pT3N2c | |  | |
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| |  | | --- | | **Agreed Plan of management :**  CTRT | |

**Operative(Head and Neck) Notes**

**Date : 27/05/2016**

**ProgressNotes :**

diagnosis: ca tongue surgery Subtotal glossectomy+ B/L SND + ALT Flap reconstruction + tracheostomy

under GA 23.5.16

findings: ulceroinfiltrative lesion involving left lateral border of tongue 3x3cm extending onto floor of mouth

upto mylohyiod. b/l level IIA, left Lvel IB showed suspicious lymphadenopathy.

procedure: WLE excision of tongue lesion done with 1cm margin where right posterior third of right lateral

boder was the only remnant tongue. excision done enblos with left FOM including mylohyiod muscle. b/l SND

done. left level IB shows infiltrating lesion involving submnadibular gland, mylohiod and hypoglossal nerve,

which where removed. b/l level I-IV clearance done. reconstruction done with ALY flap. with posterior inset to

BOT. Flap inset completed after arterial and venous anastamosis. wound closed in layers.

Medical oncology

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| **Date :**26/07/2016 |

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| **ProgressNotes :**  Ca.Tongue CBC N  Due for 22# of RT today  Doing well  Week 5- DATE: 26/7/2016  1. Inj.Palonosetron 0.25 mg + Inj.Dexona 12mg in 100ml NS>15min  2. Isolyte M 2 bottles  3. Inj.CISPLATIN 66mg in 1 bottle NS >3hrs  4. Inj.LASIX 20mg IV  5. DNS 1 bottle with Inj.MgSO4 50% 1amp  6. DNS 1 bottle  7. Tab.DOMPERIDONE 1 bid x 3 days  8. Cap. OMEZ 20mg OD x 5 days  Review on 2 /8 /16  **27/10/2016**  **ProgressNotes :**  C/O Carcinoma tongue  PROCEDURE DONE : Subtotal glossectomy+ B/L SND + ALT Flap reconstruction + tracheostomy under  GA 23.5.16 Re-exploration under GA on 26.5.16 ALT Flap debridement + left radial forearm free flap done  under GA on 27.5.2016 HPE:pT3N2c with perinodal spread Completed adjuvant CTRT on 2.8.2016  On oral feeds,blend diet  Not able to swallow solids.  No co morbidities.  Palate :Normal.  Tongue well healed.  Grade 1 trismus.  Restriction of mobility in vertical dimension  Side to side and transverse movements minimal reduction.  Laryngeal elevation : Present.  On oral trial : Clinically normal swallowing.  On auscultation : Chest clear.  Plan : Continue oral intake.  Neck and Tongue muscle strengthening exercises.  Follow up |

**Speciality :** Radiation Oncology

**Consultant :** Dr.Dinesh.M

**RT No :** 16 RT0688

**D/O Commencement of RT** 27/06/2016 **D/O Completion of RT** 03/08/2016

**FINAL DIAGNOSIS, STAGE AND HISTOLOGY**

Carcinoma Tongue, pT3N2C.

S/P Subtotal glossectomy+ B/L SND + ALT Flap reconstruction + tracheostomy under GA 23.05.2016.

S/P Re-exploration under GA; ALT Flap debridement + left radial forearm free flap done under GA on

27.05.2016.

Moderately differentiated Squamous Cell Carcinoma.

Completed concurrent chemotherapy and External beam Radiation therapy.

**CLINICAL HISTORY AND PHYSICAL FINDINGS**

Mr.Shibu K.R 41 year old gentleman presented with complaints of a non healing ulcer over the right lateral

border of tongue of 5 months duration, which the patient attributed to repeated trauma with adjacent sharp tooth.

The lesion subsequently progressed in size and he was seen in Amala Medical college where a biopsy of the

tongue was done and reported as Moderately differentiated Squamous Cell Carcinoma. patient was referred here

for further care.

He was initially seen in Head and Surgery and Oncology department. Clinical examination at that time showed

PS - 1, moderate built and nourishment, oral hygiene moderate.

Local examination showed an ulcerative lesion in the right lateral border of tongue extending from 2 cm behind

the anterior border of tongue posteriorly short of base of tongue, infiltrative lesion with induration extending

across the midline involving the left side of the tongue about 1.5 cm from midline , no ankyloglossia , no

bleeding. Left Level II A solitary node present 1x1 cm in size , no other nodes palpable.

He underwent Subtotal glossectomy + B/L SND + ALT Flap reconstruction + tracheostomy under GA

23.05.2016.

Re-exploration under GA on 26.05.2016. ALT Flap debridement + left radial forearm free flap done under GA

on 27.05.2016 . Histopathology:28.05.2016: Near total glossectomy with bilateral neck dissection and additional

margins:Poorly differentiated squamous cell carcinoma. pT3N2c

He was referred for adjuvant concurrent chemotherapy and external beam Radiation therapy .

**INVESTIGATIONS :**

**Haemogram:**

**Date: Hb: g/dl PCV: % PLT:**

**ku/ml**

**TC:**

**ku/ml**

**DC: N % L:% E: % ESR:**

**mm/1st hr**

01/07/2016 12.0 37.6 267 7.70 78.9 13.0 .512 -

04/07/2016 11.9 36.1 262 7.2 76.3 15.4 1.3 -

11/07/2016 12.1 36.2 261 7.2 81.6 8.9 0.6 -

18/07/2016 11.9 34.4 211 5.6 79.7 9.2 0.6 -

25/07/2016 12.0 35.3 135 4.8 81.3 8.1 0.7 -

01/08/2016 11.2 31.5 95 3.7 80.1 11.7 0.2 -

**Renal Function Test and Serum Electrolytes:**

**Date: Urea: mg/dl Creatinine: mg/dl Na+: mEq/L K+: mEq/L**

01/07/2016 - - 131.9 4.2

04/07/2016 - 0.79 - -

11/07/2016 - 0.76 131.4 4.4

18/07/2016 - 0.73 - -

25/07/2016 - 0.79 - -

01/08/2016 - 0.71 - -

Date: 01/08/2016

RBC-COUNT-Blood : 3.69 M/uL MCV-Blood : 85.4 fL

MCH-Blood : 30.4 pg MCHC-Blood : 35.6 g/dl

RDW-Blood : 14.7 % MPV-Blood : 7.0 fL

MONO -Blood : 7.6 % BASO-Blood : 0.4 %

Date: 25/07/2016

RBC-COUNT-Blood : 3.93 M/uL MCV-Blood : 90.0 fL

MCH-Blood : 30.6 pg MCHC-Blood : 34.0 g/dl

RDW-Blood : 13.3 % MPV-Blood : 7.3 fL

MONO -Blood : 9.6 % BASO-Blood : 0.3 %

Date: 18/07/2016

RBC-COUNT-Blood : 3.97 M/uL MCV-Blood : 86.8 fL

MCH-Blood : 30.0 pg MCHC-Blood : 34.6 g/dl

RDW-Blood : 13.6 % MPV-Blood : 7.4 fL

MONO -Blood : 10.2 % BASO-Blood : 0.3 %

Date: 11/07/2016

RBC-COUNT-Blood : 4.03 M/uL MCV-Blood : 89.9 fL

MCH-Blood : 29.9 pg MCHC-Blood : 33.3 g/dl

RDW-Blood : 12.9 % MPV-Blood : 7.4 fL

MONO -Blood : 8.7 % BASO-Blood : 0.2 %

Date: 04/07/2016

RBC-COUNT-Blood : 3.98 M/uL MCV-Blood : 90.8 fL

MCH-Blood : 30.0 pg MCHC-Blood : 33.0 g/dl

RDW-Blood : 13.0 % MPV-Blood : 7.9 fL

MONO -Blood : 6.9 % BASO-Blood : 0.1 %

Date: 01/07/2016

Magnesium : 1.9 mg/dl Calcium; total - Serum : 9.1 mg/dl

RBC-COUNT-Blood : 4.23 M/uL MCV-Blood : 88.8 fL

MCH-Blood : 28.4 pg MCHC-Blood : 32.0 g/dl

RDW-Blood : 10.9 % MPV-Blood : 7.07 fL

MONO -Blood : 7.20 % BASO-Blood : .404 %

**HISTOPATHOLOGY REPORTS**

Histopathology:24.05.2016:Slide and block review: Moderately differentiated squamous cell carcinoma,tongue

biopsy.

Histopathology:28.05.2016:Near total glossectomy with bilateral neck dissection and additional margins:

Poorly differentiated squamous cell carcinoma

Tumour dimensions : 4.7x2.1x2.4cm.

Tumour thickness :2.1cm

Depth of invasion :2.1cm

Invasive front : Non-cohesive

Perineural invasion : Seen (>1mm)

Vascular invasion : Absent

Margin clearance:

Right lateral mucosal - 7mm

Right lateral soft tissue - involved

Left lateral mucosal - 45mm

Left lateral soft tissue - Free

Anteroinferior mucosal - 13 mm

Posterior mucosal - 5mm

Deep -1 mm

Additional margins :

Lateral mucosal - Free

Floor of mouth - Free

Dysplasia on margins - absent

Lymph nodes :

Right cervical lymph nodes

Level IA - 3 nodes - free

Level I B- 5 nodes and salivary gland - free

Level II A - 3/5 nodes show tumour

ECS - Seen

Level II B - 4 nodes - free

Level III - 2/4 nodes show tumour

ECS - Seen

Level IV - 3 nodes - free

EJV node - Single node - free

Left cervical

Level II A - 8 nodes - Free

Level II B - !0 nodes - Free

Level III - 1/3 nodes show tumour

ECS - Seen

Level IV - 4 nodes - Free

Level V - 2 nodes - Free

Largest metastatic focus - 1.5cm (right level IIA)

pT3N2c

**RADIOLOGY AND NUCLEAR MEDICINE REPORTS**

CT Chest Contrast:18.05.2016:Biopsy proven case of Carcinoma Tongue. Well defined heterogeneously

enhancing lesion noted involving the right lateral border & dorsum of tongue. Suspicious enhancing neck nodes

on right as described.

MRI-Brain:18.05.2016:Well defined heterogeneously enhancing lesion noted involving the right lateral border

& dorsum of tongue. Suspicious enhancing neck nodes on right as described

Treatment Given:

**SURGERY DETAILS :**

Subtotal glossectomy+ B/L SND + ALT Flap reconstruction + tracheostomy under GA 23.05.2016.

Re-exploration under GA on 26.05.2016.

ALT Flap debridement + left radial forearm free flap done under GA on 27.05.2016.

**RADIATION DETAILS :**

Intent: Curative

Cat scan simulation: 21.06.2016

Computerised Planning and Resimulation: 27.06.2016

RT started on: 27.06.2016

RT completed on: 03.08.2016

**Primary Tumour And Drainage Area :**

Site: CTV 36(Tumor bed+B/L nodal stations IA-V)

Portals: Right lateral ISW,APW Left lateral ISW,APW,LAN

Energy: 6 MV,15 MV Photons

Dose: 3600 cGy in 16 fractions

Schedule: 225 cGy per fraction and 5 fractions per week

Dose prescribed to 100% isodose line

Site: CTV 45/20

Portals: Right lateral ISW,Left lateral ISW

Energy: 6 MV Photons

Dose: 900 cGy in 4 fractions

Schedule: 225 cGy per fraction and 4 fractions per week

Dose prescribed to 100% isodose line

Site: CTV 45/20

Portals: RPN,LPN Electrons

Energy: 8 MeV Electrons

Dose: 900 cGy in 4 fractions

Schedule: 225 cGy per fraction and 4 fractions per week

Dose prescribed to 95% isodose line

Site: CTV 45/20

Portals: LAN

Energy: 6 MV Photons

Dose: 900 cGy in 4 fractions

Schedule: 225 cGy per fraction and 4 fractions per week

Dose prescribed to 100% isodose line

**Boost Fields :**

Boost dose:Site: CTV 60/26

Portals: LAO,RPO

Energy: 15 MV Photons

Dose: 1500 cGy in 6 fractions

Schedule: 250 cGy per fraction and 5 fractions per week

Dose prescribed to 100% isodose line

Boost dose:Site: CTV 60/26

Portals: Right lateral,Left lateral

Energy: 6 MV Photons

Dose: 1500 cGy in 6 fractions

Schedule: 250 cGy per fraction and 5 fractions per week

Dose prescribed to 100% isodose line

Boost dose:Site: CTV 60/26

Portals: RPN,LPN

Energy: 6 MeV Electrons

Dose: 1500 cGy in 6 fractions

Schedule: 250 cGy per fraction and 5 fractions per week

Dose prescribed to 100% isodose line

Boost dose:Site: CTV 60/26

Portals: LAO,RPO

Energy: 15 MV Photons

Dose: 1500 cGy in 6 fractions

Schedule: 225 cGy per fraction and 4 fractions per week

Dose prescribed to 100% isodose line

Boost dose:Site: PTV 65/28(Tumor bed with+ve margin)

Portals: RAO,LAO

Energy: 6 MV Photons

Dose: 500 cGy in 2 fractions

Schedule: 250 cGy per fraction and 5 fractions per week

Dose prescribed to 100% isodose line

**CHEMOTHERAPY DETAILS :**

Chemotherapy with Cisplatin on

Week 1- date: 28.06.2016

Week 2- date: 05.07.2016

Week 3- date: 12.07.2016

Week 4- date: 19.07.2016

Week 5- date: 26.07.2016

1.Inj.Palonosetron 0.25 mg + Inj.Dexona 12mg in 100ml NS>15min

2. Isolyte M 2 bottles

3. Inj.CISPLATIN 66mg in 1 bottle NS >3hrs

4. Inj.LASIX 20mg IV

5. DNS 1 bottle with Inj.MgSO4 50% 1amp

6. DNS 1 bottle

7. Tab.DOMPERIDONE 1 bid x 3 days